

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV -9 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06



11012006 REIN-P CR2E098 (11/05)

4. FEI Number 65-0979394 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P00000009524

1. Entity Name
PACKARD EQUIPMENT CORPORATION



Principal Place of Business 191 N.W. 97TH AVE STE 311 MIAMI, FL 33172

Mailing Address 191 N.W. 97TH AVE STE 311 MIAMI, FL 33172

2. Principal Place of Business 191 n.w. 97th. ave. Suite, Apt. #, etc. APT. 311 City & State MIAMI Zip 33172 Country FL. U.S.A.

3. Mailing Address 191 n.w. 97th. ave. Suite, Apt. #, etc. APT. 311 City & State MIAMI Zip 33172 Country FL. U.S.A.

6. Name and Address of Current Registered Agent

RIVERA, YANUARIO
191 NW 97 AVE
STE 311
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YANUARIO, RIVERA 191 NORTHWEST 97TH AVE STE 311 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100081666381 11/09/06--01039--007 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 11/6/2006 305.225.3920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #