PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	**FLORIDA DEPARTMENT OF STATE** Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

09 NOV 19 AM 11: 50

DOCUMENT # P00000062757

1. Corporation Name

AMPAK INVESTMENTS INC. OF PALM BEACH

800162956048 KS
11/19/09--01036--012 **300.00

REINSTATEMENT (09) 08-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
SAME AS MAILING →	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
827 SOUTHERN BLVD	1011-A CAROLINE ST
City & State	City & State
W.P.B, FL	W.P.B, FL
Zip 33405	Country USA	Zip 33401	Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida 6-27-2000

5. FEI Number 651020963   ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name SALMAN AHMED

Street Address (P.O. Box Number is Not Acceptable) 4722 PURDY LN

Suite, Apt. #, Etc.

City WEST PALM BEACH   State FL   Zip Code 33415

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _[signature]_   Date 11-17-09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SALMAN AHMED	1011-A CAROLINE STREET W.P.B, FL 33401	WEST PALM BCH, FL 33401

10. **E-mail Address:** _____

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _[signature]_   11/17/09   (561)312.5940

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