

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 21 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO1000074709

South Florida Pallet Jack, Inc.

2. Principal Office Address

7303 NW 56 St.

Suite, Apt. #, etc.

7303

City & State

Miami, FL

Zip

33166

Country

U.S.A.

3. Mailing Office Address

7303 NW 56 St.

Suite, Apt. #, etc.

7303

City & State

Miami, FL

Zip

33166

Country

U.S.A.

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

7-30-2001

5. FEI Number

65-1128280

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

Jose L. Melendez

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

7519 W 38 Ln.

Suite, Apt. #, Etc.

7519

City

Hialeah

900024897569

11/21/03-01005-021 **157.75

State

FL

Zip Code

33018

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

REGISTERED AGENT MUST SIGN

Date 11/12/03

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
PD	Jose L. Melendez	7519 W 38 Ln.	Hialeah, FL 33018
SD	Hector Gatica	4904 SW 136 Pl.	Miami, FL 33175

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose L. Melendez

Date

11-12-03

Daytime Phone #

CR2E081 (10/02)

SOUTH FLORIDA PALLET JACKS, INC.

7303 NW 56 ST.

Miami Florida 33166

Phone: (305) 887-4050

November 17, 2003

Dept. of State

Division of Corporations

P.O. BOX 6327

Tallahassee, Fl. 32314

Re: Waiver of reinstatement Fee

To whom it may concern:

We did not receive our reinstatement form at the beginning of the year (January), that is the reason for not submitting the form and/or payment. We would like to inquire that if at this time our penalty fee of \$700.00 could be waived.

Enclosed is a check for \$150.00 for the reinstatement fee, plus an additional \$8.75 for a Certificate of Status.

Respectfully yours,



Hector A. Gatica