

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000122308

1. Corporation Name

PACK MART ETC., INC.

Principal Place of Business

13537 U.S. #1  
SEBASTIAN FL 32958

Mailing Address

13537 U.S. #1  
SEBASTIAN FL 32958

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/2001

5. FEI Number

01-0556816

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)

1

Name of Officers  
and/or Directors

2

Street Address of Each  
Officer and/or Director

3

City / State / Zip

4

D

JONES, LINDA M

5485 4TH MANOR

VERO BEACH FL 32968

500008628265

10/28/02--01098--004 \*\*150.00

02 UBL

18

8. Name and Address of Current Registered Agent

JONES, LINDA M  
5485 4TH MANOR  
VERO BEACH FL 32968

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/24/02

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 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]*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

Date

772-589-6007

Daytime Phone #

CP2E040 (8/02)

*page 2 of 2*

**Pack Mart Etc., Inc**

13537 US Hwy 1  
Sebastian, FL 32958  
772.589-6007  
Fax 772-589-0680

October 24, 2002

Florida Dept. of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Corporation Reinstatement  
Document #P01000122308

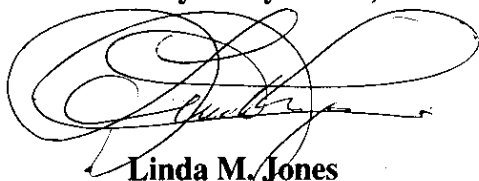
**To Whom It May Concern:**

How surprised I was to receive this notice of cancellation. This is the first notice I have received. I personally thought that because I just Incorporated Dec, 28, 01 that it would not come due for a full year. Did I pay for the whole of 2001 for only three days of the year? Please help me to understand.

I understand from the phone recording, that the original filing fee, whenever that was, is \$150.00. I have enclosed a check for that amount.

Thank You in advance for your patience to my lack of education in these matters.

Very Truly Yours,



Linda M. Jones  
(President)