

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 15, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P02000012461

1. Corporation Name

PACKAGE PUP, INCORPORATED

2. Principal Office Address

3300 W. HIBISCUS DRIVE

Suite, Apt. #, etc.

City & State

BELLEAIR BEACH

Zip

33786-3631

Country

USA

3. Mailing Office Address

3300 W. HIBISCUS DRIVE

Suite, Apt. #, etc.

City & State

BELLEAIR BEACH

Zip

33786-3631

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 02/04/02

5. FEI Number

01-0614204

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

SEAN SCOTT REEVES

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

3300 W. HIBISCUS DRIVE

Suite, Apt. #, Etc.

City

BELLEAIR BEACH

State

FL

Zip Code

33786-3631

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

Sean Scott Reeves

Date

3-12-04

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
DP	SEAN SCOTT REEVES	3300 W. HIBISCUS DRIVE	BELLEAIR BEACH, FL 33786-3631

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:

Sean Scott Reeves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-12-04

Daytime Phone #

727-365-3931

CR2E081 (01/04)

PO 22802

Package Pup, Incorporated

3300 West Hibiscus Drive
Belleair Beach, Florida 33786-3631
(727) 365-3931

March 12, 2004

RE: REINSTATEMENT

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madam:

On September 19, 2003, your Division effected an administrative dissolution of our corporation due to our failure to file a 2003 Annual Report.

Please be advised that we did not receive the aforementioned Annual Report form due to circumstances beyond our control. As a result, our corporation was dissolved.

To prevent a recurrence of the above, we have designated my personal home address as the corporation's mailing address on the enclosed Corporation Reinstatement form.

We have completed and enclosed the reinstatement form along with our check in the amount of \$150 for the 2003 filing fees. I can assure you that the 2004 Annual Report will be timely filed.

We respectfully request that you accept the enclosed check and reinstate our corporation.

Should you require any additional information, please call me directly.

Sean S. Reeves

Sean S. Reeves
President