

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 31 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000014273**

1. Corporation Name

**American Paper Jan & Equip Int'l
Inc.**

2. Principal Office Address

601 E 44 St.

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33013

Country

USA

3. Mailing Office Address

601 E 44 St.

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33013

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-7-02

5. FEI Number

65-1042807

☒ 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

300032511103

Name

Adys Estevez

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

601 E 44 St

Suite, Apt. #: Etc.

City

Hialeah

State

FL

Zip Code

33013

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

Adys Estevez

REGISTERED AGENT MUST SIGN

Date

3-26-04

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	Adys Estevez	601 E 44 St.	Hialeah, FL 33013

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:

Adys Estevez

Adys Estevez 3-26-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(786) 306-9904

2822

Tallahassee Division of Corp.
P.O. Box 6327
Tallahassee Florida 32314

Attn: Reinstatement Department

To Date, be advised that American Paper Jan & Equip Intl Inc Never
Received the annual filing.

Please delete all penalties and accept this reinstatement form.
Along with the amount due of \$300.00

Adys Estevez

A handwritten signature in cursive script, appearing to read "Adys Estevez", with a large, sweeping flourish underneath.