

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 23 AM 9:36

DOCUMENT # P-02000044029

1. Corporation Name

CK CHEMICAL & PAPER SUPPLIES, INC.

100023281351
09/23/03--01051--002 **750.00

2. Principal Office Address

3450 SW 128 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

3450 SW 128 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33175

Country

US

Zip

33175

Country

US

REINSTATEMENT

03

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

5. FEI Number

14-1838661

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

MARIANELA NAVARRETE

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

7990 SW 117 AVENUE

Suite, Apt. #, Etc.

135

City

MIAMI

State
FL

Zip Code
33183

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

Mariela Navarrete
REGISTERED AGENT MUST SIGN

Date 09/17/2003

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
P,VP,S,	ALCIRA VELASQUEZ	3450 SW 128 AVENUE	MIAMI, FLORIDA 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:

Alcira Velasquez

ALCIRA VELASQUEZ

9/17/2003

305-480-9625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

9/25/03