PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000066802 DOCUMENT #

1. Corporation Name

PLASTIC PALLET SOLUTION INC.

Principal Place of Business

Mailing Address

13351 MUSTANG TRAIL FT LAUDERDALE FL 33330 13351 MUSTANG TRAIL FT LAUDERDALE FL 33330

REGISTERED AGENT MUST SIGN

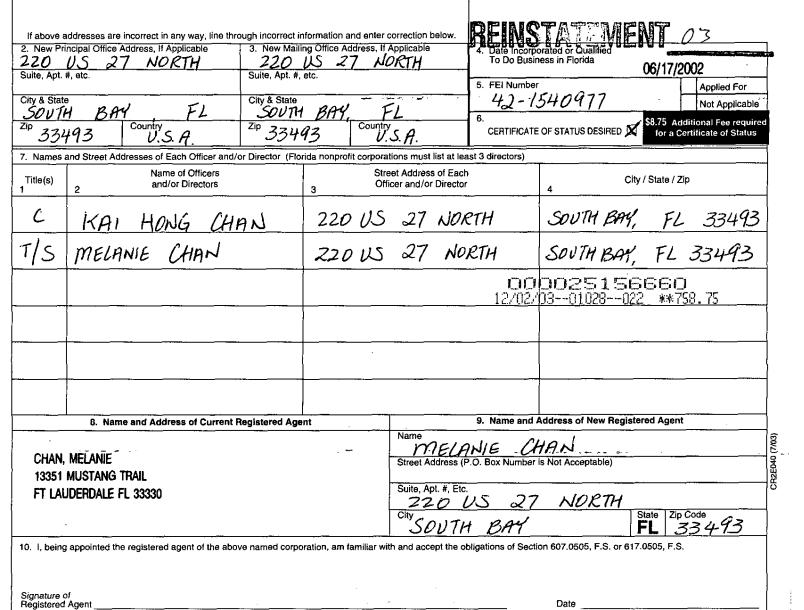
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

03 DFC -2 AM 9:28

SECRETARY OF STATE

Date

Daytime Phone #



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 filling 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

SIGNING OFFICER OR DIRECTOR