

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -6 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000089784

1. Corporation Name

PALLET CENTRAL CORP.
951 SW 12TH AVENUE
POMPANO BEACH, FL 33069

2. Principal Office Address

951 SW 12TH AVENUE

3. Mailing Office Address

951 SW 12TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33069

Country

Zip

33069

Country

4. Date Incorporated or Qualified
To Do Business in Florida 09/13/025. FEI Number
11-3653013Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AL LONGMAN

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

951 SW 12TH AVENUE

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33069

200035559332
05/06/04 01023 013 **306.00

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

Date

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
P/DR	ALBERT LONGMAN	951 S.W. 12TH AVENUE	POMPANO BEACH, FL 33069

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (07/04)