

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/23/07--01037--014 **750.00

REINSTATEMENT 03-07

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|---|-----------------------------------|--|------------------------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P02000093065 1. Corporation Name DOOR- PACK INC. | | | |
| 2. Principal Office Address - No P.O. Box # 1950 NW 15th St # B Suite, Apt. #, etc. # B City & State Pompano Beach FL Zip 33069 Country USA | | 3. Mailing Office Address 1950 NW 15th St # B Suite, Apt. #, etc. # B City & State Pompano Beach FL Zip 33069 Country USA | |
| 7. Name and Address of Current Registered Agent Name Marco Dilella Street Address (P.O. Box Number is Not Acceptable) 1950 NW 15th St. Suite, Apt. #, Etc. # B City Pompano Beach State FL Zip Code 33069 | | 4. Date Incorporated or Qualified To Do Business in Florida 8-22-2002 5. FEI Number: 41-2056372 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. | |
| 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 Marco Dilella Date 8-22-07 REGISTERED AGENT MUST SIGN | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| Pres | Marco Dilella | 1950 NW 15th St # B | Pompano Beach FL 33069 |
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| 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 contained in Chapter 119, 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: Marco Dilella SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 8-22 954-822-1000 Date Daytime Phone # | |