

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAY 15 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

0507

CR2E081 (1/07)

DOCUMENT # P03000094254

1. Corporation Name

SUPER PACKING & CRATING, INC.

2. Principal Office Address - No P.O. Box #
5505 NW 72 AVENUE

3. Mailing Office Address
5505 NW 72 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33166

Country
USA

Zip
33166

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2003

5. FEI Number
81-0630038

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
ISABEL CARDONA

Street Address (P.O. Box Number is Not Acceptable)
5505 NW 72 AVENUE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33166

☒ 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

Isabel Cardona

REGISTERED AGENT MUST SIGN

Date 05/09/2007

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
PSTD	ISABEL CARDONA	5505 NE 72 AVNUE	MIAMI, FL 33166

500103605948
05/31/07--01020--014 **450.00

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:

Isabel Cardona

ISABEL CARDONA, PRESIDENT 05/09/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #