

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
07 NOV 19 AM 10:30

DOCUMENT # 003000107168

1. Corporation Name

Pak Mail of Tampa, Inc.

2. Principal Office Address - No P.O. Box #

4345 Gunn Hwy

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33618

Country

Hills

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/26/03

5. FEI Number

4102110341

☒ 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

Esmat Salima Karimdadian

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

4345 Gunn Hwy

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

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

REGISTERED AGENT MUST SIGN

Date

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
VP	Esmat Karimdadian	4345 Gunn Hwy	Tampa, FL 33618
P	Clarence Gardner	4345 Gunn Hwy	Tampa, FL 33618

REINSTATEMENT

06-07

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/07 813-319-3482

Daytime Phone #