


2006 FOR PROFIT CORPORATION REINSTATEMENT

1053

DOCUMENT # P03000109050		
1. Entity Name THE PALLET DOCTOR, INC.		

FILED
06 DEC -8 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 902 PHILLIP STREET JACKSONVILLE, FL 32207	Mailing Address 902 PHILLIP STREET JACKSONVILLE, FL 32207
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



112220061
REINSTATEMENT
20-0262381
Applied For
Not Applicable

6. Name and Address of Current Registered Agent JONES, GERALD P 435 CLARK ROAD SUITE 107 JACKSONVILLE, FL 32218		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREWS, ERIC			NAME			
STREET ADDRESS	902 PHILLIP STREET			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREWS, ERIKA			NAME			
STREET ADDRESS	1972 WEST 6TH STREET			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32209			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

20f3



Gerald P. Jones, CPA, PA Certified Public Accountant

435 Clark Road., Suite 107 Jacksonville, Florida 32218 Office (904) 768-1700 Fax 768-1006

The Pallet Doctor, Inc
PO Box 28025
Jacksonville, FL 32226

To Whom It May Concern:

This letter is to request that you waive the reinstatement fee of \$600.00 imposed on Pallet Doctor Inc, for failure to file the 2006 corporate annual report. The annual report was actually mailed on April 20, 2006. However, the payment never reached its destination and was recently returned to us by the post office for unknown reasons.

Attached, is a copy of the returned mail and if further assistance is needed, please call me at 904-768-1700. Thank you.

Sincerely,

Neilly Guimaraes

"Serving You Today And Tomorrow"

Web Site: www.GeraldJonesCPA.com E-mail: Gerald-Jones-CPA@HopePlaza.org



*Resent
Post
Done*

PAHET DOCTOR LNC
902 PHILLIPS ST
JACKSONVILLE, FL 32207-8409



Dear Postal Customer:

You recently mailed a letter that we were unable to deliver or return. When this occurs, the letter is sent to a Mail Recovery Center where employees are authorized to open the mail to determine if address information is available to return it to the rightful owner.

In support of this effort, the Postal Service has recently installed imaging equipment to expedite the return of undeliverable checks that arrive at one of our facilities. An electronic image of the check contained in your mail piece is shown below. Please be assured that to protect your personal information, the scanned document is not retained and the original document has been shredded. Since we realize the importance of each piece of mail that is entrusted to our care, this correspondence is being provided for your records.

Our employees work very hard to provide prompt, accurate service; and we regret that we were unable to deliver your mail piece on this occasion. One way to help reduce instances when a mail piece cannot be delivered is to always include a return address. In that way, if for any reason your letter cannot be delivered, we will be able to immediately return it to you. We appreciate your business and look forward to serving your future postal needs.

Sincerely,

Lionel A. Snow, Manager
USPS Mail Recovery Center
PO Box 44161
Atlanta, GA 30336-161

