

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 NOV -2 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03000122983**

1. Corporation Name

Plastec, Inc.

2. Principal Office Address

13458 SW 131 ST.

3. Mailing Office Address

P.O. BOX 160642

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33186

City & State

MIAMI, FL

Zip  
33186

Country  
USA

Zip  
33116

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/2003

5. FEI Number

☒ 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

NELLO KAHN

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

13458 SW 131 ST.

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33186

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 10/30/06

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
D	FAEQUA KAHN	13458 SW 131 ST.	MIAMI, FL 33186
D	ANDREW NEPAUL	13458 SW 131 ST.	MIAMI, FL 33186
D	NELLO KAHN	13458 SW 131 ST.	MIAMI, FL 33186

700081470797  
11/02/06--01029--001 \*\*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:

10/30/06

305.378.4164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel NOV 03 2006



**PLASTEC**  
INCORPORATED

2/2

October 30, 2006

Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: DOCUMENT # P03000122983 (PLASTEC INC)**

Our company would appreciate if you can waive the reinstatement fees associate with the above document #.

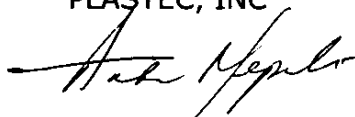
The reason for this request is that we did move twice during the time since we were incorporated.

The annual report was never received in order for us submit back to the Division of Corporation which we do apologize.

We are asking to have the fees waived so we can reinstate the company. Enclosed please find our Money Order in the amount of \$ 450. for the annual reports that were not paid for in the past.

Thank you.

Sincerely,  
PLASTEC, INC



Andres Nepauli