

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

08 APR 22 AM 8:04

DOCUMENT # P04000091320

1. Corporation Name

LISA'S PACK & SEND, INC.

500125036655

04/22/08--01019--009 \*\*300.00

CR2E081 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 106 HANCOCK BRIDGE PKWY Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 106 HANCOCK BRIDGE PKWY Suite, Apt. #, etc.	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33919	Country US	Zip 33919	Country US

**4. Date Incorporated or Qualified  
To Do Business in Florida** 06/14/2007

**5. FEI Number** 74-312502T 26-2230879 ☐ 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  
PIERRE DUFRESNE  
Street Address (P.O. Box Number is Not Acceptable)  
106 HANCOCK BRIDGE PKWY  
Suite, Apt. #, Etc.  
City  
CAPE CORAL  
State  
FL  
Zip Code  
33919

☒ 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

REGISTERED AGENT MUST SIGN

Date 4/17/08

**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
PST	LISA DUFRESNE	106 HANCOCK BRIDGE PKWY	CAPE CORAL FL 33919
V	PIERRE DUFRESNE	106 HANCOCK BRIDGE PKWY	CAPE CORAL FL 33919

B 4/23/08

REINSTATEMENT 00-08

**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:

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

Date

239-574-3776

Daytime Phone #