


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000096886		
1. Entity Name V. PAPIER AND COMPANY, INC.		

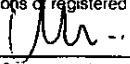
Principal Place of Business 5706 BIRD RD S MIAMI, FL 33155	Mailing Address 5706 BIRD RD S MIAMI, FL 33155
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent PEREZ-ESPINOSA, VIVIAN 5706 BIRD RD S MIAMI, FL 33155	
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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 	DATE 3/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ-ESPINOSA, VIVIAN 5706 BIRD RD S MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 3/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED
2007 MAR 19 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03162007 REIN-P CR2E098 (1/07)

4. FEI Number
51-0516509

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Applied For
Not Applicable



REINSTATEMENT 06-01

900095164789
03/28/07--01036--028 **300.00