

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 16 P 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000132749

1. Corporation Name

FAST PACKING SERVICES, CORP.

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

12601 NW 115TH AVENUE

Suite, Apt. #, etc.

A-109

City & State

MEDLEY, FL

Zip

33178

Country

USA

3. Mailing Office Address

12601 NW 115TH AVENUE

Suite, Apt. #, etc.

A-109

City & State

MEDLEY, FL

Zip

33178

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida **12/17/2007**

5. FEI Number

26-1597476

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

NANCY MEJIAS

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

12601 NW 115TH AVENUE

Suite, Apt. #, Etc.

A-109

City

MEDLEY

State

FL

Zip Code

33178

☒ 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

Nancy Mejias

REGISTERED AGENT MUST SIGN

Date **11/12/2009**

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
P	NANCY MEJIAS	12601 NW 115TH AVENUE	MEDLEY, FL 33178
VP	CARLOS PERERA	12601 NW 115TH AVENUE	MEDLEY, FL 33178

800162840958
11/16/09--01003--013 **300.00

REINSTATEMENT

08-09
AS

10. E-mail Address: **repxtremeusa@gmail.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Nancy Mejias

NANCY MEJIAS

11/12/2009 305-887-4080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #