

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000073643

1. Corporation Name

INTERSTATE PACKAGING CORPORATION

Principal Place of Business

3785 NW 78 ST  
MIAMI FL 33147  
US

Mailing Address

720 EAST 38TH STREET  
HIALEAH FL 33013

3785 NW 78 ST.  
MIAMI FL  
33147-4463

FILED

02 JUN -3 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0461652

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	VASALLO, ARMANDO G	720 EAST 38TH STREET 14420 SABAL DR.	HIALEAH FL 33013 MIAMI LAKES, FL 33014-2543
VSD	VASALLO, REYNA M	720 EAST 38TH STREET 14420 SABAL DR.	HIALEAH FL 33013 MIAMI LAKES, FL 33014-2543
			900.00 - Adm
			61.25 - AR
			88.75 - AR SUPP

8. Name and Address of Current Registered Agent

VASALLO, ARMANDO G  
720 EAST 38TH STREET  
HIALEAH FL 33013

9. Name and Address of New Registered Agent

Name

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

14420 SABAL DR

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33014-2543

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

5/29/02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

600005888916--7

-06/20/02--01062--004

\*\*\*1050.00 \*\*\*1050.00

5-20-02 (405) P36-2186

Date

Daytime Phone #