


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1982

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 16 PM 1:57

DOCUMENT # P94 0000 72734

1. Corporation Name

PACK AMERICA, INC.

REINSTATEMENT 02-04

2. Principal Office Address

6212 GEORGETOWN PL.

Suite, Apt. #, etc.

3. Mailing Office Address

6212 GEORGETOWN PL.

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL.

City & State

HOBE SOUND, FL.

Zip

33455

Country

USA

Zip

33455

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/30/94

5. FEI Number

650536757

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

TUCK AAKER

800043612028

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

6212 GEORGETOWN PL.

12/23/04--01028--024 **450.00

Suite, Apt. #, Etc.

City

HOBE SOUND,

State

FL

Zip Code

33455

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

L. Tucker Aaker

Date

10/25/04

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
<u>PRES.</u>	<u>TUCK AAKER</u>	<u>6212 GEORGETOWN PL.</u>	<u>HOBE SOUND, FL 33455</u>

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 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:

Tuck Aaker TUCK AAKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/04

Daytime Phone #

772/546-2285

CR2E08 (01/04)

202

6212 Georgetown Pl. Hobe Sound, FL 33455
772/546-2285 tuckaaker@aol.com

Pack America, Inc.

December 13, 2004

Florida Department of State
Division of Corporations
Att: Eula Peterson
PO Box 6327
Tallahassee, FL 32314

Dear Ms. Peterson;

I am sending you this letter asking you to consider waiving the reinstatement fee since I did not receive a filing notice for the year 2002 and forgot to follow up. It is my error and I would appreciate your help in this matter.

Enclosed is my reinstatement form, the previous correspondence and a check for \$450.00.

Sincerely,

R. Tuck Aaker

President, Pack America, Inc.

Growth, Change, Excellence