

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028959

1. Corporation Name

PACKAGING & SPECIALTY EQUIPMENT INTERNATIONAL INC

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

1335 Bennett Dr.

Suite, Apt. #, etc.

155

City & State

Longwood, Florida

Zip

32750

Country

USA

3. Mailing Office Address

1335 Bennett Dr

Suite, Apt. #, etc

155

City & State

Longwood Florida

Zip

32750

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1996 GUSTAVO

5. FEI Number

593371755

☐ 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

GUSTAVO A. RONDON MOLINA

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

226 VICTORIA COMMONS BLVD

Suite, Apt. #, Etc

City

DELAND,

State

FL

Zip Code

32724

REINSTATEMENT

300235483883
05/23/12--01032--009 **750.00

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

Date **04/24/2012**

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
PRS	GUSTAVO A. RONDON M.	226 Victoria Commons Blvd.	Deland, FL. 32724

S. HAWKES

MAY - 2012

EXAMINER

10. E-mail Address: **info@paseintl.com** **paseintl@aol.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/2012 305-6061884

Date

Daytime Phone #