

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 23 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000032092

1. Corporation Name

MILO PAPER CHEMICAL CORPORATION

2. Principal Office Address

7345 NW 32nd AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33147

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 07-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/12/96

5. FEI Number
65-0661227

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

PABLO PARENTE

Street Address (P.O. Box Number is Not Acceptable)
7345 NW 32nd AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

600033721946
04/23/04--01022--007 **150.00

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

Pablo Parente

Date

4-9-04

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
PTD	PABLO PARENTE	7345 NW 32nd AVE	MIAMI, FL 33147
VSD	ANDRES J LABRADA	7345 NW 32nd AVE	MIAMI, FL 33147

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:

Pablo Parente

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/04

Date

305-884-6102

Daytime Phone #

CR2E081 (01/04)

7

04/09/04

FROM: MILO PAPER CHEMICAL CORP
7345 NW 32nd AVE
MIAMI, FL 33147

TO: FLORIDA DEPARTMENT OF THE STATE
DIVISION OF CORPORATIONS

To whom it may concern:

We MILO PAPER CHEMICAL CORP. Document #:P96000032092, are filling a reinstatement due to:

On April 28th, 2003 we sent a check # 3252 for the amount of \$300.00 to pay 2002 and 2003, such check was sent together with a letter explaining the reason why we did not paid 2002 before.

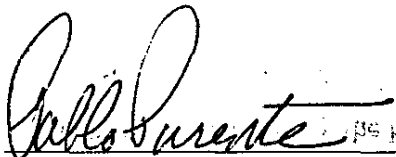
On May 8th, 2003 we received a letter from you. (Attached), and we sent you the copy of such letter together with the copies of the reinstatement and the check sent to you.

The check was paid by the bank on July 14th, 2003.

After that we did not received ANY ANSWER OR ANY INSTRUCTION FROM YOU. Now when we tried to download the form to pay 2004, because we did not receive the card for the payment of this year, we could not do this because it says that the corporation is inactive.

For such reasons, and as per our phone conversation today, we are sending this explanation letter together with the reinstatement form and a check for the amount of \$150.00 to renew the corporation for 2004.

We will appreciate your answer to this matter as soon as possible.



PABLO PARENTE, President

Certification #: 7003-3110-0004-7118-5544