

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY -1 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P960000 42872

1. Corporation Name

PEOPLE & PACKAGES TOO, Inc.

2. Principal Office Address

302 E. MAIN ST.

Suite, Apt. #, etc.

City & State

COCONA, FL

Zip

32922

Country

USA

3. Mailing Office Address

302 E. MAIN ST.

Suite, Apt. #, etc.

City & State

COCONA, FL

Zip

32922

Country

USA

REINSTATEMENT 99-00

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

20 MAY 1996

5. FEI Number

59-3376175

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

HENRY J. BURT

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

302 E. MAIN ST.

Suite, Apt. #, Etc.

City

COCONA

State

FL

Zip Code

32922

900003250169-5

05/12/00 01033-006

****900.00 ****900.00

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

HJB

REGISTERED AGENT MUST SIGN

Date 4-29-00

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) PRES (V.P., T) SECT, TRES | HENRY J. BURT | 878 Kings Post Rd | Rockledge, FL 32955 |
| | PATRICIA L. BURT | 878 Kings Post Rd | Rockledge, FL 32955 |
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| | | | SP |

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:

HJB HENRY J. BURT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00

Date

321-636-6531

Daytime Phone #