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APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Kathleen Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 DEC 16 AM 8:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # PA10000057801 1. Corporation Name UPAC INC.					
Principal Place of Business		Mailing Address			
5701 MEMORIAL HWY TAMPA 33615					
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 593928699	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4		
PRES	Khalid Samna	5701 Memorial Hwy Tampa	FL 33615		
700003078327--1 -12/22/99--01081--021 ****150.00 ****150.00					
SP					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
KARIM SAMNA 5701 MEMORIAL HWY TAMPA 33615			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State FL Zip Code _____		
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 _____				Date 11/21/99	
REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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)(f), 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 _____ DATE 11/24/99 DAYTIME PHONE # 889-0723					

UPAC, INC. DBA MEMORIAL BP

♦ ♦ ♦
5701 Memorial Hwy ♦ Tampa, FL 33615
Phone 813-884-0723

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November 22, 1999

Florida Department of State
Tallahassee, FL 32399

Dear Sir,

In regards to the annual report not being filed, our company UPAC, Inc. was not informed of the required paperwork by our registered agent. Please accept our payment of \$150.00 to reinstate the corporation due to this oversight.

Sincerely,


Khalid Samna