


2007 FOR PROFIT CORPORATION REINSTATEMENT

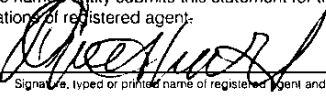
DOCUMENT # P96000062592		
1. Entity Name SMALL PACKAGE INTERNATIONAL, INC.		

Principal Place of Business 15870 SW 104TH TERRACE MIAMI, FL 33196	Mailing Address 15870 SW 104TH TERRACE MIAMI, FL 33196
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2. Principal Place of Business - No P.O. Box # 12037 SW 134 STREET	3. Mailing Address 12037 SW 134 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI	City & State MIAMI
Zip FI	Country 33186

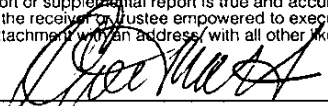
6. Name and Address of Current Registered Agent GOEDHART, OTTO L 15870 SW 104TH TERRACE MIAMI, FL 33196	
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7. Name and Address of New Registered Agent Name LOUISE GOEDHART. Street Address (P.O. Box Number is Not Acceptable) 12037 SW 134 STREET City MIAMI FL Zip Code 33186	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 05-25-07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOEDHART, OTTO L 15870 SW 104TH TERRACE MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5001041012006 <input type="checkbox"/> Addition 06/08/07--01004--008 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOEDHART, LOUISE Y 15870 SW 104TH TERRACE MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOUISE Y GOEDHART 12037 SW 134 STREET MIAMI FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 05-18-07 DAYTIME PHONE 205-2337597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED

07 MAY 29 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-01
05252007 REIN-P CR2E098 (1/07)

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