

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000089152

1. Corporation Name

READY PALLETS, INC.

2. Principal Office Address

25400 S.W. 139th AVE

3. Mailing Office Address

P.O. BOX 924124

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL 33032

City & State

PRINCETON, FL 33092

Zip

Country

Zip

Country

**REINSTATEMENT**

2006

4. Date Incorporated or Qualified  
To Do Business in Florida

10-29-96

5. FEI Number

65-0703734

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

GILBERTO RODRIGUEZ

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

14179 S.W. 165th ST.

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33177

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

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
P	RODRIGUEZ, GILBERTO	14179 S.W. 165th ST,	MIAMI, FL 33177
VP	REYES, ALFONSO	930 N.W. 133rd AVE	MIAMI, FL 33182
S	REYES, DAYSI	930 N.W. 133rd AVE	MIAMI, FL 33182
T	RODRIGUEZ, CASTA	14179 S.W. 165th ST.	MIAMI, FL 33177

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 contained in Chapter 119, 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:

*L. p. b. u. f. o. r. o. d. r. i. g. u. e. z*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-06 (305) 258-0052

Date

Daytime Phone #

10-11-06

DIVISION OF CORPORATIONS  
ANNUAL REPORT SECTION  
P.O. BOX 6850  
TALLAHASSEE, FL 32314

RE: 2006 ANNUAL REPORT (AR)

Gentlemen:


I did not received the Annual Report form for 2006 and do  
this fact I would like to ask you to waive the penalty.

I am sending a check in the amount of \$150.00 here enclosed.

I thank you for your consideration to this request.

Yours very truly,

READY PALLETS, INC.

  
Gilberto Rodriguez  
President