

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 20 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089152 1. Entity Name READY PALLETS, INC.					
Principal Place of Business 25400 SW 139 AVENUE HOMESTEAD, FL 33032-5506			Mailing Address P.O. BOX 924124 PRINCETON, FL 33092-4124		
2. Principal Place of Business - No P.O. Box # 25475 S.W. 139 AVE		3. Mailing Address P.O. BOX 924124			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State HOMESTEAD FL 33032		City & State PRINCETON FL 33092		4. FEI Number 65-0703734	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, GILBERTO 14179 SW 165 ST MIAMI, FL 33177				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, GILBERTO 14179 SW 165 ST MIAMI, FL 33177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYES, ALFONSO 930 NW 133 AVE. MIAMI, FL 33182	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REYES, DAYSI 930 NW 133 AVE. MIAMI, FL 33182	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, CASTA 14179 SW 165 ST MIAMI, FL 33177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			300109773683 09/21/07--01062--027 **150.00		
SIGNATURE: <u><i>F. Rodriguez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			19-18-07 3W 2580002 <small>Date Daytime Phone #</small>		

9/25/07