PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 21 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089620

1. Corporation Name

L.W. Plastic Cardb Corporation
Secretary of State: Sandra B. Morthan

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
1319 SE 33rd Street	1319 SE 33rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Cape Coral, FL	Cape Coral, FL
Zip: 33904 Country: USA	Zip: 33904 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: October 31, 1996

5. FEI Number: 65-0703540 ☐ 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: Roberto Pazos

Street Address (P.O. Box Number is Not Acceptable): 1319 SE 33rd Street

200023973082
10/21/03--01080--015 **78.75

Suite, Apt. #, Etc.:

City: Cape Coral | State: FL | Zip Code: 33904

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 10/14/03.
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	Roberto Pazos	1319 SE 33rd Street	Cape Coral, FL 33904
S	Anna Dato	2830 Country Club Blvd	Cape Coral, FL 33904

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: _____ ROBERTO PAZOS. 10/14/03 (239)549-6102 (239)4666082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 10/22