

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 NOV -9 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097172

1. Corporation Name

BABY Pack, Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT 97-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3510 S.W. 8 STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3510 S.W. 8 STREET

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/90

5. FEI Number

65-0709864

Applied For

Not Applicable

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33135

Country

U.S.A.

Zip

33135

Country

U.S.A.

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVSTO	ARMADIS VALDES	7171 SW 6 STREET MIAMI, FL 33134	MIAMI, FLORIDA 33134
			600003052976--6 11/23/99-01047-015 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
ARMADIS VALDES
Street Address (P.O. Box Number is Not Acceptable)
3510 S.W. 8 STREET
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33135

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

Armadis Valdes

REGISTERED AGENT MUST SIGN

Date 11/05/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Armadis Valdes

11/05/99 (305) 269-1182

Date

Daytime Phone #