

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 MAY 23 AM 9: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96 0000 99207

1. Corporation Name

Rick's Pallet Company, Inc.

2. Principal Office Address - No P.O. Box #
2420 West 3rd Ave.

3. Mailing Office Address
2420 West 3rd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State
Hialeah, FL

Zip
33010

Country
USA

Zip
33010

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **12/9/96**

5. FEI Number
65-0722929

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
April Scarbary

Street Address (P.O. Box Number is Not Acceptable)
2420 West 3rd Ave.

Suite, Apt. #, Etc.

City
Hialeah, FL

State Zip Code
FL 33010

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

April Scarbary
REGISTERED AGENT MUST SIGN

Date

5/17/07

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
Pres	Emmett Scarbary	2420 West 3rd Ave.	Hialeah, FL 33010
VP	April Scarbary	2420 West 3rd Ave.	Hialeah, FL 33010

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/2007

Date

305-884-4896

Daytime Phone #

Q. Michael

MAY 23 2007