

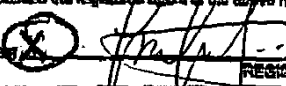
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000007961			
1. Corporation Name SOUZA PLASTICS, INC.			
2. Principal Office Address 1200 NW 22nd Ct.		3. Mailing Office Address	
Office, Apt. & No.		Office, Apt. & No.	
City & State POMERANO BEACH FL.		City & State	
Zip 33069	Country U.S.	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 1-27-97		5. FEI Number 65-0742453	
6. CERTIFICATE OF STATUS DELETED ☐		Applied For Not Applicable	

FILED
04 DEC -1 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent	
Name JOSE CHRISTIANO SOUZA	
Street Address (P.O. Box Number is Not Acceptable) 250 N.E. 31 ST.	
Office, Apt. & No.	
City POMERANO BEACH FL.	State FL
	Zip Code 33064

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 11-30-2004	
REGISTERED AGENT MUST SIGN			
9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	CHRISTIANO J. SOUZA	250 N.E. 31 STREET	POMERANO BEACH FL. 33064
REINSTATEMENT		03/04	
		0000043672310	
		12/23/04 01035--006 **300.00	
10. I certify that I am an officer or director or the receiver or trustee empowered to make this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for delinquency has been corrected, the corporation meets 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(6)(b), 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: 		Date 11-30-2004	
SIGNATURE AND TYPED OR PRINTED NAME OF BEGINNING OFFICER OR DIRECTOR			

202

**SOUZA PLASTICS, INC.
POMPANO BEACH, FL**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

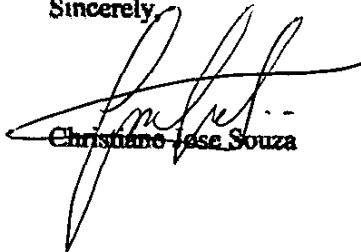
Secretary of State
409 E. Gaines St.
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

My name is Christiano Jose Souza, president of Souza Plastics, Inc. It has come to my attention my Uniform Business Report has not been submitted. I did not receive the UBR for filing. Please accept my \$300.00 payment and reinstate the above mentioned corporation.

I appreciate your understanding and assistance.

Sincerely,



Christiano Jose Souza