11/30/2004 41 9:41AM [illegible]

NO.591 P.1/1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # P97000007961

1. Corporation Name
SOUZA PLASTICS, INC.

2. Principal Office Address	3. Mailing Office Address
1200 NW 22nd Ct.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano 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 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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.

Suite, Apt. #, Etc.

City: Pompano 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 617.0503, F.S.

Signature of Registered Agent (X) [signature] Date 11-30-2004

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P&S	Christiano J. Souza	250 N.E. 31 Street	Pompano Beach FL. 33064
	REINSTATEMENT 03/04		000043672310 12-03-04 01035-006 **300.00

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 as not qualify for an exemption under section 119.07(4)(d), 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: (X) [signature] 11-30-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pg 2

SOUZA PLASTICS, INC.
POMPANO BEACH, FL

FILED
04 DEC -1 AM 11:30
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. If 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