

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY 21 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007961

1. Corporation Name

**SOUZA PLASTIC, INC**

2. Principal Office Address - No P.O. Box #  
**2000 NW 22 RD CT**

Suite, Apt. #, etc.

City & State

**POMPANO BEACH, FL**

Zip  
**33069**

Country

**BROWARD**

3. Mailing Office Address

**2000 NW 22 RD CT**

Suite, Apt. #, etc.

City & State

**POMPANO BEACH, FL**

Zip  
**33069**

Country

**BROWARD**

**REINSTATEMENT**

**05-07**

4. Date Incorporated or Qualified  
To Do Business in Florida

**01271997**

5. FEI Number

**65-0742453**

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  
**SOUZA, JOSE C**

Street Address (P.O. Box Number is Not Acceptable)  
**2000 NW 22ND CT**

Suite, Apt. #, Etc.

City  
**POMPANO BEACH**

State  
**FL**

Zip Code  
**33069**

☐ 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

REGISTERED AGENT MUST SIGN

Date **05/17/2007**

**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	JOSE C SOUZA	2000 NW 22 RD CT	POMPANO BEACH, FL 33069

000102939340  
05/21/07--01023--025 \*\*450.00

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 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

05/17/2007

Date

954-788-1818

Daytime Phone #

2082

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2006 Uniform Business Report (UBR)  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Filing of Uniform Business Report 2007  
P97000007961  
Souza Plastic, Inc.


**To Whom It May Concern:**

**This letter is to inform you that we have never received a Uniform Business Report form by the mail, for this reason my company became inactive.**

**We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 per year and accept the filling of our attached Corporation Reinstatement Form, which has been prepared by our accountant. Please find enclose a check of \$450.00 for 2005, 2006 and 2007 UBR fees.**

**Any questions of concern, feel free to contact our accountant at (954) 788-1818 and speak to Mr. Marco Reis.**

**Sincerely,**

  
**Jose C. Souza-President**  
**Souza Plastic, Inc.**