

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

98 DEC -4 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000052735

1. Corporation Name

PALLETS TO GO, INC.



REINSTATEMENT 98

Principal Place of Business

Mailing Address

8601 N.W. 191ST STREET
MIAMI FL 33015

8601 N.W. 191ST STREET
MIAMI FL 33015

380 NW 170ST
MIAMI FL 33169

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

2. New Principal Office Address, if Applicable

380 NW 170ST
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

380 NW 170ST
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1997

5. FEI Number

65-0763262

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Miami FL

City & State

Miami FL

Zip

33169

Country

USA

Zip

33169

Country

USA

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
VTD	LESTERO, RIGOBERTO	1420 S.W. 102ND PLACE	MIAMI FL 33174
PVT			

800002710408--4
-12/11/98--01083--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

GLORIA C. GONZALEZ, P.A.
166 EAST 49TH STREET
HIALEAH FL 33013

9. Name and Address of New Registered Agent

Name

RIGOBERTO LESTERO

Street Address (P.O. Box Number is Not Acceptable)

380 NW 170ST

Suite, Apt. #, etc.

MIAMI FL 33169

City

Miami

State

FL

Zip Code

33169

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/19/98

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

11-14-98 6540303

Date

Daytime Phone #

CR22040 (9/98)