

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG -6 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000071361

1. Corporation Name

PAP MULTI-SERVICES, INC.

*Handwritten initials*

800039950758  
08/06/04--01053--001 \*\*1050.00  
**REINSTATEMENT 98-04**  
*WOP*

2. Principal Office Address

825 N.E. 199TH STREET

Suite, Apt. #, etc.

APT. 101

City & State

MIAMI, FL

Zip

33179

Country

MIAMI-DADE

3. Mailing Office Address

825 N.E. 199TH STREET

Suite, Apt. #, etc.

APT. 101

City & State

MIAMI, FL

Zip

33179

Country

MIAMI-DADE

4. Date Incorporated or Qualified  
To Do Business in Florida 8/18/1997

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

VILFORD P. POLLAS

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

825 N.E. 199TH STREET

Suite, Apt. #, Etc.

APT. 101

City

MIAMI

State

FL

Zip Code

33179

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

*Handwritten signature of Vilford P. Pollas*

REGISTERED AGENT MUST SIGN

Date 8-4-04

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	VILFORD P. POLLAS	825 N.E. 199TH STREET #101	MIAMI, FL 33179

10. I certify that I am an officer or director or the treasurer 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:

*Handwritten signature of Vilford Pierre Pollas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-04-04

Daytime Phone #

*786-3062026*  
*or*

*305-2134100*

CR-0501 (01/04)

2 of 2

**PAP Multi-Services, Inc.**  
**825 NE 199<sup>th</sup> Street**  
**#101**  
**Miami, Florida 33179**  
**Tel: (305) 213-4104**

August 4, 2004

Florida Dept. of State  
Secretary of State  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, Florida 32399  
Tel. (850) 245-6059

Re: PAP Multi-Services, Inc.  
Document ID# P97000071361

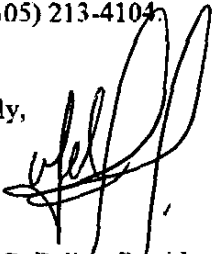
To Whom It May Concern:

Please be advised that I never received the Annual Report for the above referenced company. As such, I understand that the \$600.00 penalty will be waived. Included please find:

- Corporation Reinstatement form.
- Check in the amount of \$1050.00 which represents the Annual Report filing for 1998, 1999, 2000, 2001, 2002, 2003 and 2004.

This brings PAP Multi-Services current on its' filings. Please reinstate as soon as possible. Should you have any questions or concerns, please do not hesitate to contact me at (305) 213-4104.

Sincerely,



Vilford P. Polias, President