

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01 SEP 25 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000092156

1. Corporation Name

QUICKPACK INT'L CORP.
782 N.W. Lejeune Rd.
Suite 428
Miami, Florida 33126

2. Principal Office Address

782 N.W. Lejeune Rd.

Suite, Apt. #, etc.

Suite 428

City & State

Miami, Florida

Zip

33126

Country

U.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/27/1997

5. FEI Number

65-1138861

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-01

7. Name and Address of Current Registered Agent

Name

MARIO DAVILA

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

782 N.W. Lejeune Rd.

Suite, Apt. #, Etc.

Suite 428

City

Miami

State
FL

Zip Code

33126

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 9/23/01

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
PRES.	PEGGY M. OLIN	540 Brickell Key Dr. #615	Miami, Florida 33131
SEC	MARIO DAVILA	782 N.W. Lejeune Rd. #428	Miami, Florida 33126

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 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

Date

Daytime Phone #

(205) 442-8093

CR2081 (9/00)