

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000066145

1. Corporation Name

HAZARD-PACK INTERNATIONAL, INC.

Principal Place of Business

7239 SW 159TH AVE.
MIAMI FL 33193

Mailing Address

7239 SW 159TH AVE.
MIAMI FL 33193

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1998

5. FEI Number

65-0865814

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	City / State / Zip
1	2	3	4
RA	PALAZUELOS, GARMEN D	2005 SW 95 AVE	MIAMI FL 33165
P	RAUL PALAZUELOS	7239 SW 159 Ave	Miami FL 33193
VP	JOSEFINA PALAZUELOS	11	11

8. Name and Address of Current Registered Agent

PALAZUELOS, RAUL I
7239 SW 159 AVE
MIAMI FL 33193

9. Name and Address of New Registered Agent

Name

RAUL PALAZUELOS

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

7239 SW 159 Ave

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

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

REGISTERED AGENT MUST SIGN

Date 10-19-00

11. 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 #

10-19-00

305-752-1617

00 OCT 30 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



8/11/00 90095 034 -150.00

CR2E040 (8/00)

Att: Michelle Mullighan



grace
Dangerous Goods
R. Palazuelos
J. Chindem

HAZARD PACK INTERNATIONAL

7239SW 159 AVE.

MIAMI FL 33193

USA

PHONE/FAX 305 752 1617

CEL PHONE-305-879-1263

I Received a communication of Dissolution for our co. In conversation with Michelle Mullighan she told me, that we didn't sent a documentation back. This documents we never received.

I greatly appreciate a solution for our company as our money is in your hands, and I'm sending the documentation you requested and I never received. Thanks Michelle for your help. Don't hesitate if another problem generate. (Excuse my English).

Best Regards

Raul Palazuelos, President

Raul