PLEASE READ ALL INSTRUCTIONS BEFORE COMPL



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FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

05 FEB 28 AM II: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT#	P	9900	000	8267
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1. Corporation Name

ARGO CRATES & CONTAINERS, INC.

	•						REINS	STA	TEME	NT_	13-0	
	I Office Address			3. Mailing Office Address 10461 NW 26 STREET Suite, Apt. #, etc.			1			V	MPX	
Suite, Apt. #	t, etc.						4. Date Incorporated or Qualified To Do Business in Florida					
City & State MIAMI,	FLORIDA			City & State MIAMI, FLORIDA			5. FEI Number Appli 65-0900803 Not A					
zip 33172		ountry ISA		Zip 33172	Coun	•	6. CERTIFICATE		S DESIRED 🔲	\$8.75 Additio	nal Fee required cate of Status	
				7. N	ame and Address	of Current Registe	red Agent					
	Name GOMEZ, ALBERTO											
	Street Addres 12111 SW	s (P.O. Box / 113 A\	Number is No VENUE	ot Acceptable)		00048400782 1/05-01013-006 **450 00						
	Suite, Apt. #, Etc. 03/15/05 - 01013 - 006 **450 00										201710	
	City MIAMI		\wedge					State FL	Zip Code 33176			
8. I, being Signature o Registered	f	gistered as	Vin	m	ration, am familiar ENT MUST SIGN	with and accept the	obligations of section		2/5 or 617.0503,	_		
9. Names	and Street Addr	esses of Ea	ach Officer and	t/or Director (Flo	rida nonprofit corpo	orations must list at I	east 3 directors)					
Titles			me of d/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
PD	.GOMEZ, ALBERTO				12111 SW 113 AVENUE			MIAMI, FLORIDA 33176				
	· -						:				_	
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0. 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 frue and accurate, and my signature shall have the same legal effect as if made under eath.

SIGNATURE:

REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2//05 30'

CKZE081 (01/05)

10461 NW 26 Street Miami, Florida 33172

Argo Crates & Containers, Inc.

February 24, 2005

Department of State Division of Corporations Reinstatement Division P.O. Box 6327 Tallahassee, Fl. 32314

RE: Argo Crates & Containers, Inc. Doc #P99000008267

Dear Sir or Madam:

Per our telephone conversation, enclosed please find a Reinstatement form for the above referenced corporation. Please note that you have the incorrect address for this corporation. Also, as we informed you, we never received the 2003, 2004 or 2005 Uniform Business Report from you. Perhaps is because you had the incorrect address, or perhaps the documents were lost in the mail.

In any event, and per your instructions, enclosed is also a check payable to Department of State for the 2003, 2004 and 2005 fees. Please process the above and reinstate our corporation. As you can understand this is a very important matter to us. Thank you very much in advance for your assistance.

Sincerely

Alberto Gomez

Pres.