

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 30 AM 8:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000060730

1. Corporation Name

Copacking Inc.,

REINSTATEMENT 03-04

03/18/04 01006 006 \$750.00
04/06/04 01031 004 \$150.00

2. Principal Office Address

5301 N. Federal Hwy

Suite, Apt. #, etc.

350

City & State

Boca Raton, FL

Zip

33487

Country

Palm Beach

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

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

7/7/1999

5. FEI Number

650960161

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sergio J. Guzman

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

2440 Coral Way

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33145

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

Date 6/13/04

REGISTERED AGENT MUST SIGN

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/D	Vicente Trigo	5301 N. Federal Hwy	Boca Raton, FL 33487
S	Sergio J. Guzman	2440 Coral Way	Miami, FL 33145

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

SERGIO J. GUZMAN

Date

6/13/4

Daytime Phone #

(305) 262-6696