

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000090310

1. Corporation Name

VELAZQUEZ PALLETS MANUFACTURING, INC.

Principal Place of Business

Mailing Address

1107 SOUTH TURKEY CREEK ROAD  
PLANT CITY FL 33564

1107 SOUTH TURKEY CREEK ROAD  
PLANT CITY FL 33564

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33564

33564

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/1999

5. FEI Number

59-3608364

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	VELAZQUEZ, SAUL	1107 SOUTH TURKEY CREEK ROAD	PLANT CITY FL 33564
VD	VELAZQUEZ, MARTHA A	1107 SOUTH TURKEY CREEK ROAD	PLANT CITY FL 33564

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VELAZQUEZ, SAUL  
1107 SOUTH TURKEY CREEK ROAD  
PLANT CITY FL 33564

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 Oct. 30 - 2000

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

Oct. 30, 00 (813) 763-2886  
Date Daytime Phone #