

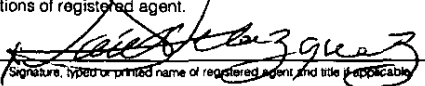
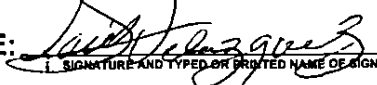


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000090310 1. Entity Name VELAZQUEZ PALLETS MANUFACTURING, INC.						06/10/20 07:36	
Principal Place of Business 1107 SOUTH TURKEY CREEK ROAD PLANT CITY, FL 33567				Mailing Address 1107 SOUTH TURKEY CREEK ROAD PLANT CITY, FL 33567			
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		4. FEI Number 59-3608364		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
VELAZQUEZ, SAUL 1107 SOUTH TURKEY CREEK ROAD PLANT CITY, FL 33567				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: <u>11/16/06</u>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELAZQUEZ, SAUL 1107 SOUTH TURKEY CREEK ROAD PLANT CITY, FL 33567 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800081960838 11/20/06--01079--002 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VELAZQUEZ, MARTHA A 1107 SOUTH TURKEY CREEK ROAD PLANT CITY, FL 33567 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/20/06--01078--003 <input type="checkbox"/> Change <input type="checkbox"/> Addition 800081960838 11/20/06--01079--003 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <u>11/16/06</u> Daytime Phone #: <u>813-719-9026</u>			