## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF S  Secretary of State  DIVISION OF CORPORATIONS	04 DEC -9 PM 4: 12
DOCUMENT # P9900 1. Corporation Name Paper & Clips Distribu 5303 Sw 11th ST. PL9174710N, FL 3331	TOES, INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA .
2. Principal Office Address  \$303 SW 11 71- ST.	3. Mailing Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Date Incorporated or Qualified     To Do Business in Florida
PLANTATION, FLORIDA	City & State	5. FEI Number         Applied For           C5- 6964370         Not Applicable
33317 Country	Zip Country	GERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Street Address (P.O. Box Number is 6770 TAFT S  Suite, Apt. #, Etc.  City Holly wood  8. I, being appointed the registered agent of the a Signature of Registered Agent	: Not Acceptable) 7.	State Zip Code FL 33024  ccept the obligations of section 607.0505 or 617.0503, F.S.  Date 1/8/04
Name of	Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  City / State / Zip	
Titles Officers and/or Director VICE-PRES HABIN KUIL  RES. TRUING RUIL VICE PRES. LVIS C. RUIL	5303 SW 11th S	Hollywood, FL, 33024 ST. Plantation, FL 33917
10. I certify that I am an officer or director or the re		12/09/0401052002 **1050.00  - Od  lication as provided for in chapter 607 or 617, F.S. I further certify that when filling the satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees
owed by the corporation have been paid and t		qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR