

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
97 APR 28 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S 00938

1. Corporation Name

PRO PAK INDUSTRIES, INC.

Principal Place of Business

Mailing Address

875 Buffalo Road  
Titusville, FL - 32796

REINSTATEMENT 910-97

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

465 GOOLSBY BLVD.

4. Date Incorporated or Qualified To Do Business in Florida

9-17-1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3030955

Applied For

Not Applicable

City & State

DEERFIELD BEACH, FL.

Zip

Country

Zip

Country

33442 BROWARD

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T	DONALD L. EPSTEIN	7605 NW 51 PLACE	CORAL SPRINGS FL. 33067
✓	JOSE MIRANDA	7927 SW 3rd ST.	N. LAUDERDALE FL. 33068
S	Destinylee M. POOLE	7705 NW 21st CT	MARGATE FL. 33063
			4000002164214--1
			-05/02/97--01120--013
			***923.75 ***923.75
			064-29-97

8. Name and Address of Current Registered Agent

SAME AS #9

9. Name and Address of New Registered Agent

Name DONALD L. EPSTEIN  
Street Address (P.O. Box Number is Not Acceptable) 320 NW 17th STREET  
Suite, Apt. #, Etc.  
City N. MIAMI BEACH State FL Zip Code 33169

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

*Donald L. Epstein*

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

*Destinylee M. Poole* DESTINYLEE M. POOLE

4/23/97 (954) 360-9389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #