

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 16 AM 8:01

DOCUMENT # S33717

1. Corporation Name

Cuba Packs International, Inc.

700009314137  
(12/03/02--01037--013 \*\*165.00

2. Principal Office Address

9651 SW 123rd Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

9651 SW 123rd Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

USA

Zip

33186

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

N/AE

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

GRACIELA PADRON

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

9651 SW 123rd Avenue

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33186

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 November 26th, 2002

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
PD	PADRON, GRACIELA	9651 SW 123rd Avenue	Miami, Florida 33186

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)(l), 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:

*Graciela Padron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRACIELA PADRON

11-26-02

Date

305-270-9989

Daytime Phone #

CR2E081 (8/01)

12/20/02

2

November 26, 2002

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

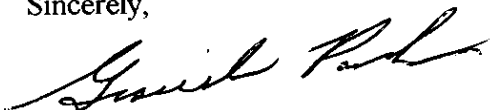
Re: Corporation Reinstatement

To Whom It May Concern:

I did not receive a letter dated August 27th, 2002. Attached please find check No. 1176 for the amount of \$165.00 and the Corporation Reinstatement.

As per our phone conversation on this date, I'm sending all the necessary documents with the check. Thanking you in advance.

Sincerely,



Graciela Padron  
Cuba Packs International, Inc.,  
President