

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

96 NOV 21 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V58645**

1. Corporation Name

FLORIDA PACKAGE EXPRESS, INC.

Principal Place of Business

120 BUCKSKIN WAY
WINTER SPRINGS FL 32708

Mailing Address

120 BUCKSKIN WAY
WINTER SPRINGS FL 32708

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

60-3134750

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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
STV	BABENZIE, ERIC	120 BUCKSKIN WAY	WINTER SPRINGS FL
P	BABENZIE, NANETTE	120 BUCKSKIN WAY	WINTER SPRINGS FL

100002013641--1
-11/26/96-01024-021
***375.00 ***375.00

VB11-22-91

8. Name and Address of Current Registered Agent

GRANITO, MARGARET P.
GRANITO ACCOUNTING SERVICES, INC
7130 TIMBER DR
WINTER PARK FL 32782

9. Name and Address of New Registered Agent

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

Margaret P. Granito

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *11/19/96*

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:

Nanette Babenzien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/96
Date
899-6638
Daytime Phone