

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V59214

1. Corporation Name

BOBYPAC ENTERPRISES, CORP.

Principal Place of Business

8005 NW 98 St.
Hialeah Gardens, FL

Mailing Address

33016 (same)

If above addresses are incorrect in any way, line through incorrect information and enter correction below

~~REINSTATEMENT~~

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

8-21-92

Suite, Apt #, etc

Suite, Apt #, etc

5. FEI Number

65-0352792

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
	Francisco L. Muniz - PD	2524 SW 112 Avenue	Miami, FL

400002993294--0
-09/22/99--01026--008
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Francisco L. Muniz
2524 SW 112 Avenue
Miami, FL

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt #, Etc. _____
City _____ State _____ Zip Code _____
FL

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

Francisco L. Muniz
REGISTERED AGENT MUST SIGN

Date

9-3-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

Francisco L. Muniz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-3-99

Daytime Phone #