PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 AUG 30 AM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 629233

1. Corporate Name: S&K Delivery Service INC

Principal Office of Business: 15485 S. Tamiami Tr Ft. Myers, FL 33908

Mailing Address: Same

REINSTATEMENT 85-99

Enter changes here if correct information is incorrect in any way (line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

3. New Mailing Office Address, If Applicable

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/10/79

5. FEI Number: 59-2238547 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee required for a Certificate of Status

Name and Address of Current Officers and or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P Leonard J Hill Jr	15485 S. Tamiami Tr	Ft. Myers, FL 33908
T,S,V Doris E Hill	15485 S. Tamiami Tr	Ft. Myers, FL 33908

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***2237.50 ***2237.50

8. Name and Address of Current Registered Agent

Leonard J Hill Jr
15485 S. Tamiami Tr
Ft. Myers, FL 33908

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

CR2E08 (12/98)

I hereby accept the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

REGISTERED AGENT MUST SIGN

Date 8/24/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

I am a director or 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 an application for reinstatement 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 and taxes due 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 form is true and accurate and my signature shall have the same legal effect as if made under oath.

Leonard J Hill Jr

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/99
Date

941-482-7744
Daytime Phone #