

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 AM 11:14

DOCUMENT # **835924**

1. Corporation Name

Pony Express Delivery Services, Inc.

9000003487819--0
-12/05/00--01074--028
****758.75 ****758.75

2. Principal Office Address

6165 BARFIELD Rd

Suite, Apt. #, etc.

200

City & State

ATLANTA GEORGIA

Zip

30328

Country

USA

3. Mailing Office Address

6165 BARFIELD Rd.

Suite, Apt. #, etc.

200

City & State

ATLANTA, GEORGIA

Zip

30328

Country

USA

REINSTATEMENT

00

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/12/76

5. FEI Number

22-2086810

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of ^{NEW} Current Registered Agent

Name

JIMMY BRILL % PONY EXPRESS DELIVERY SERVICES, INC.

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

4067 SEABOARD ROAD

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code

32808

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11/10/00**

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
P/D	ALEX MILOVIC	6165 BARFIELD Rd #200	ATLANTA, GEORGIA 30328

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)(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:

[Signature] A. MILOVIC

Date

10/11/00 (404) 843.3190

Daytime Phone #