

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000036186

1. Corporation Name

Roldan Delivery Service, Inc.

2. Principal Office Address

9745 Arbor Oaks Lane

Suite, Apt. #, etc.

Suite 108

City & State

Boca Raton, FL

Zip

33428

Country

U.S.A.

3. Mailing Office Address

9745 Arbor Oaks Lane

Suite, Apt. #, etc.

Suite 108

City & State

Boca Raton, FL

Zip

33428

Country

U.S.A.

FILED
03 MAY -5 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800018024488
05/05/03--01115--014 **300.00

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

04/20/1999

5. FEI Number

65-0901709

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

Humberto E. Ruiz

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

6971 N. Federal Highway

Suite, Apt. #, Etc.

Suite 402

City

Boca Raton

State
FL

Zip Code
33487

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

REGISTERED AGENT MUST SIGN

Date 04/30/03

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/V/D	Lorenzo Roldan	9745 Arbor Oaks Lane #108	Boca Raton, FL 33428

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:

LORENZO ROLDAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03

Date

561-883-1097

Daytime Phone #

2/2

Roldan Delivery Service, Inc.
9745 Arbor Oaks Lane #108
Boca Raton, FL 33428-2202
(561)883-1097

April 30, 2003

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

Re: Corporation Reinstatement
Roldan Delivery Service, Inc.
P99000036186

To whom it may concern:

Enclosed please find the Corporation Reinstatement form along with our check covering the appropriate fees. The reason for this reinstatement is that the Annual Report previously sent was never received.

Please process this form to reinstate our corporation referenced above.

Sincerely Yours,


Lorenzon Roldan
President