FLORIDA DEPARTMENT OF STATE Sandra B. MORTHAM Secretary of State ENISTINATEMENT  DOCUMENT # 43 49 7  1. Corporation Name PRED & ELIVERY SERVICE INC.  Propped Place of Business  I 6505 N W 49 AJE Mailing Address.  I 83014  I above addresses are formed in thy way, five introphy boomed information and enter correction below.  2. New Principal Place of Business  Secretary OF STATE TALAHASSEE, FLORIDA  REINSTATEMENT  Propped Place of Business  I 6505 N W 49 AJE Mailing Address.  I 2006 NOV 49 AJE Mailing Address.  I Applicable  To 60 Studies in Thords  7 0 6 State  S. PEI Number  To 60 Studies in Thords  7 0 9 Not well in the Busines  S. PEI Number  To 60 Studies in Thords  7 0 9 Not well in the Busines  To 60 Studies in Thords  7 0 9 Not well in the Busines  To 60 Studies in Thords  7 0 9 Not well in Thords  7 0 Not incomposited or qualified  To 60 Studies in Thords  7 0 9 Not well in Thords  7 0 1 Not well in Thords  7 0 1 Not well in Thords  8 0 Not well in Thords  9 Not well in Thords  9 Not well in Thords  9 Not well in Thords  1 0 Not well in Thords  1 0 Not		PLEASE	READA				1,141.00	F Tabetermen	ING THIS FORM	
1. Corporation Name  PGA DELIVERY SERVICE INC.  Principal Place of Business  Malling Address  1.6505 NW 49 AJE  N. (AMI FL 33014)  It above addresses are incorrect in any way, fire through incorrect information and enter correction below.  2. New Principal Office Address, It Applicable  3. Now Making Address, It Applicable  3. Now Making Address, It Applicable  4. Data Incorporation To Qualified  7. To De Business  4. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation  Con Not writte in the SPACE  1. Data Incorporation in the Institute in the SPACE  1. Data Incorporation in the Institute in the SPACE  1. Data Incorporation in the Institute in the SPACE  1. Data Incorporation in the Institute in the Institute in Institute in the Institute in I	FOR	3		\$	Sandra B. M Secretary	Mortham of State				
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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 Malling Address, If Applicable 4. Date Incorporate of Qualified To Do Business in Florids / 9.73  Suite, Apt. e. etc.  Suite, Apt. e. etc.  Suite, Apt. e. etc.  Suite, Apt. e. etc.  City a State  Country  Co	•		1	_				1	<u> </u>	
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 Mairing Address, If Applicable  4. Date incorporated or Qualified  7. On Business in Florids  9. 7. 3  5. FEI Number  6. Certificate of Status DESRED  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations and street Addresses (Florida nonprofit corporations)  7. Names and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  9. Names and Address of Current Registered Agent  9. Names and Add	1650	ami I	, 49 FL 3	3014	1			REIN	ISTATEMENT O	
Suite, Apt. 9, etc.  Suite, Apt. 9, etc.  Suite, Apt. 9, etc.  City & State  Zip  Country  Zip  Coun	If above addresses a	are incorrect in an	ny way, line throu	ugh incorrect inf	nformation and e		below.	4. Date Incorp. To Do Busin	porated or Qualified	18.77年(A)
Title(s) 2 Name of Officer and/or Director (Florida corporations must list at least 3 directors)  Name of Officers and/or Directors  Open Address of Each Officer and/or Directors  Open Address of Each	Suite, Apt. #, etc. Suite, Apt. #, etc.						<del></del> .	5. FEI Number	アイプ・・・ (1) Apple	id For
Title(s)  Name and Street Address of Each Officer and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Directors  Street Address of Each Officer and/or Directors  Name of Officers and/or Directors  OD NOT Use Post Office Box Numbers)  RESURET  GEORGE TZIGANUK  ZOZI NW 85 WAY  REMBROKE (IJES FL 3362  REPAREMENT TZIGANUK  ZOZI NW 85 WAY  REMBROKE (IJES FL 3362  REPAREMENT TZIGANUK  ZOZI NW 85 WAY  REMBROKE (IJES FL 3362  REPAREMENT TZIGANUK  ZOZI NW 85 WAY  REMBROKE REPAREMENT TO THE PROJECT OF THE								6.	3 . 4	pplicable
Title(s) 2 Name of Officers and/or Directors 3 Control Registered Agent Street Address of Each Officer and/or Directors 3 Control Report Officer Registered Agent 2021 NW 85 WAY Remblet FL3302 PLANE TZIGANUK 2021 NW 85 WAY Remblet FL3302 PLANE Street Address of Room Number is Not Acceptable).  Suite, Apt. 4, Etc.  City Rate 2020 PLANE	Zip Country			Zip Country .				CERTIFICATE	E OF STATUS DESIRED X	-
RESULT GEORGE TZ IGNNUK ZOZI NW 85 WAY REMBROKE RIJES FL 3302  REAL ALINE TZ IGNNUK ZOZI NW 85 WAY REMBROKE RIJES FL 3302  B. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent Name  Sorred Address (P.O. Box Number is Not Acceptable)  Suite, Apr. 8, Etc.  City State Zo Code, FL  Signature of Registered Agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Registered Agent Date 11.5 96  Registered Agent Registered Agent Date 11.5 96  11. Does this corporation pay any intangible tax to the	Ţ	Name (	of Officers	r Director (Fig.		Street Addres	ss of Each or Director	h r	A Section of Section	2005 (10 0 12 11 20 10 12 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 1
ALINE TRIGANUK 2021 NW 85 WAY REMBROKE (I)ES FL 3302  8. Name and Address of Current Registered Agent  GEORGE TRIGANUK 2021 NW 85 WAY  Rembloke PINES FL 33025  10. 1, 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  11. Does this corporation pay any intangible tax to the	DESUENT /	SEARCE	T5 16	MUK				<del></del>	PEMBROKE PINES FL ?	13024
Source of Registered Agent  1. Does this corporation pay any intangible tax to the	1.8-				<u> </u>				75.17.41.47.71.48.74.58	2010 Table
8. Name and Address of Current Registered Agent  GEORGE T216ANUK  2021 NW 85 WAY  VEMBROKE PINES FC 33024  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  11. Does this corporation pay any intangible tax to the								9	00005000089-	; <u> </u>
8. Name and Address of Current Registered Agent  GEORGE TZIGANUK  2021 NW 85 WAY  FemBloke PINES FC 33025  City  State Zip Code  FL TENDER TO THE STATE ADDRESS TO THE STATE ADDR					-			2.3	****383.75 ****38	13.75
CEORGE TZIGANUK  2021 NW 85 WM9  PEMBROKE PINES FL 33024  City  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  Typ Code  FL  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  11. Does this corporation pay any intangible tax to the										A HOSE H BUS
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  FL  PREGISTERED AGENT MUST SIGN  11. Does this corporation pay any intangible tax to the							,		JB1-7-91	0
PEMBROKE PINES FC 33024  Suite, Apt. #, Etc.  City  Suite, Apt. #, Etc.  City  State  State  State  State  State  State  State  Suite, Apt. #, Etc.  City  Date  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.  Registered Agent  11. Does this corporation pay any intangible tax to the				<del></del>	ent	Name		<del></del>	Address of New Registered Agent	TRANSE
PEMBROKE PINES FC 33024  City  State Zp Code FL  State Zp Code FL  State Zp 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  REGISTERED AGENT MUST SIGN  11. Does this corporation pay any intangible tax to the	GEORGE I ZIENNAN					Street	S. March and Mar			
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   Date   1.5.9.5	202	ַן אש	ου ω Ω.	·· /	275	Suite,	Apt. #, Etc	1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		
Signature of Registered Agent Date 11-5-96  REGISTERED AGENT MUST SIGN  11. Does this corporation pay any intangible tax to the	Kem	Bloke	rines.	rc 33	04	City	<del></del>		State Zip Code	THE STATE
Signature of Registered Agent Date 11-5-96  REGISTERED AGENT MUST SIGN  11. Does this corporation pay any intangible tax to the	10. I, being appointed	d the registered a	gent of the abov	re named corpo	oration, am fami	iliar with and ac	cept the o	ibligations of Sect	tion 607.0505, F.S.	THE WAS
11. Does this corporation pay any intangible tax to the	Signature of	15	13190	ind	. · · · <b>z</b> <sup>§</sup>			<u> </u>	Date /1-5-96	100 M
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12. I do hereby cartify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fjorida Statutes, I							ine (	u for the	on stated in Garden den avenue	ACHTACHT Transpara

SONATURE AND THEED ON PRINTED NAME OF BIOMING OFFICER OR DIRECTOR

SIGNATURE:

305- 625-7277