

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 MAY 15 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700234783017
05/08/12--01008--009 **337.50

DOCUMENT # L10000107196

1. Corporation Name

Safeway Deliveries LLC

2. Principal Office Address - No P.O. Box #

11841 NW 29 St

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 669565

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Pompano FL

Zip

Country

33323

Zip

Country

33066

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business In Florida

10-13-10

5. FEI Number

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

Larry John

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

11841 NW 29 St

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33323

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]

Date 5-2-12

REGISTERED AGENT MUST SIGN

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
Member	Larry John	11841 NW 29 St Sunrise	Sunrise FL 33323

REINSTATEMENT

11-12

or 5-16-12

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-12

Date

954.551.6843

Daytime Phone #