

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfham  
Secretary of State  
DIVISION OF CORPORATIONS



**FILED**

98 JUN -3 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **468531**

1. Corporation Name  
**Gorman Delivery Agency Inc.**

Principal Place of Business  
**4820 Shetland Trail  
Orlando, Fla 32808**

Mailing Address  
**same**

**W98-10025**

**REINSTATEMENT**

**96-98  
AD**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. **N/A**

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **N/A**

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
**4/24/90**

5. FEI Number  
**59-3009878**

Applied For  
 Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	David E. Gorman	4820 Shetland Trail	Orlando, Fla 32808
Secy	Jolie A. Gorman	4820 Shetland Trail	Orlando, Fla 32808

600002548136--1  
-06/04/98--01093--024  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

**Dave Gorman  
4820 Shetland Trail  
Orlando, FL 32808**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip 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: **David E. Gorman**

REGISTERED AGENT MUST SIGN

Date: **4/29/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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: **David E. Gorman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/25/98**

Daytime Phone #: **407 298 3610**

CR2040 (1/98)