

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **96-98**
REINSTATEMENT

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



DOCUMENT # **468531**

1. Corporation Name

Gorman Delivery Agency Inc.

Principal Place of Business

Mailing Address

W98-10025

**4820 Shetland Trail
Orlando, Fla 32808**

same

REINSTATEMENT

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

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 Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

4/24/90

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

City & State

5. FEI Number

59-3009878

Applied For

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	David E. Gorman	4820 Shetland Trail	Orlando, Fla 32808
Sec Treas	Julie A. Gorman	4820 Shetland Trail	Orlando, Fla 32808

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*****1050.00 ***1050.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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
4820 Shetland Trail
Orlando, FL 32808

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

3/25/98
Date

407 298 3610
Daytime Phone #

CR2040 (1/98)