

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 11:48

DOCUMENT # M95788

1. Corporation Name

GTD. DELIVERY SERVICE INC.

Principal Place of Business

~~9440 AIRPORT BLVD~~
ORLANDO FL 32827
US

Mailing Address

2610 NELA AVE
ORLANDO FL 32809
US

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

2. New Principal Office Address, If Applicable

9441C AIRPORT BLVD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32827

Country

USA

Zip

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1988

5. FEI Number

59-2944500

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHARLEY, JOSEPH JON	2610 NELA AVE	ORLANDO FL 32809

600018465796
05/07/03-01104-019 **\$900.00

8. Name and Address of Current Registered Agent

SHARLEY, JOSEPH JON
2610 NELA AVE
ORLANDO FL 32809

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE REQUIRED
JOSEPH JON SHARLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-3

Date

407 825 3518

Daytime Phone #

AD

CR2E040 (8/02)