

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2018 MAR 1 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002310

1. Corporation Name

Salvon Seebrian  
Worldwide Delivance

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

575 Azalea Bloom Dr  
Apopka, Florida 32712

3. Mailing Office Address

P.O. Box 608073  
Orlando, Florida 32860

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, Florida

City & State

Orlando, Florida

Zip

32712

Country

Zip

32860

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Sherry Z Seebrian

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

575 Azalea Bloom Dr

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32860

400808352644  
03/01/18--01004--012 \*\*481.25

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

Sherry Z Seebrian

Date 3-1-2018

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
president	Salvon Seebrian	575 Azalea Bloom Dr	Apopka, FL 32712
vice president	Sherry Z. Seebrian	575 Azalea Bloom Dr	Apopka, FL 32712
see	Sherry Z. Seebrian	575 Azalea Bloom Dr	Apopka, FL 32712
Director	Timothy O. Seebrian	5600 Lynde Rd	Patterson, GA 31557
Director	Peter James Flores	1330 Raintree Bend Apt 103	Clemont, FL 34714
Director	Tommy Kemp	906 Crescent St	Waycross, GA 31501

10. E-mail Address: worldwide Delivance @ Yahoo . Com .

(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:

Sherry Z. Seebrian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-2018

Daytime Phone #

86.31118