

306.25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 28 PM 3:26

DOCUMENT # **NA8000002310**

**1. Corporation Name**

**Selvon Seebran Worldwide  
Deliverance, Inc**

**2. Principal Office Address**

**5122 Edgewater Dr**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**POB. 680749**

Suite, Apt. #, etc.

**City & State**

**Orlando, Florida**

**Zip**

**32868**

**Country**

**USA  
Orange**

**City & State**

**Orlando, Florida**

**Zip**

**32868**

**Country**

**USA  
Orange**

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

**4/20/98**

**5. FEI Number**

**59-8014738**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☐ **\$875 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**

**Sherry L. Seebran**

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

**~~5600 Lynch Rd.~~ 5122 Edgewater Dr.**

Suite, Apt. #, Etc.

**City**

**~~Patterson, Ga.~~ Orlando**

**State**

**FL**

**Zip Code**

**32868**

**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 L. Seebran**

REGISTERED AGENT MUST SIGN

Date

**5-28-03**

**200019170442**

**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
P	Selvon Seebran	5122 Edgewater Dr	Orlando Fl.
V/P	Sherry L. Seebran	5122 Edgewater Dr	Orlando Florida
D	Terry Cross	<del>6641 Madison Rd</del> Clapton Road Alabama	<del>Wilson N.C 27802</del>
D	Tracy Stone	6641 Madison Rd	Wilson N.C 27802
D	Lisa Stone	6641 Madison Rd	Wilson N.C 27802

**10. 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:**

**Sherry Seebran**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**5-28-03 9125509649**

Daytime Phone #

CRZE081 (10/02)

Selvon Seeban Worldwide Deliverance<sup>®</sup>  
Inc.

I did not Received a U.B.R

For 1999.

We had moved From  
Plantation Florida to  
Orlando. Florida.

Sly Seeban.