

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000010908

1. Corporation Name

RUSH HOUR DELIVERY, INC.

Principal Place of Business

1797 EADY LANE
YULEE FL 32097

Mailing Address

1797 EADY LANE
YULEE FL 32097

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
03 DEC 17 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/2001

5. FEI Number

59-3695460

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
P	JOWERS, KIMBERLY S	1797 EADY LANE	YULEE FL 32097
V	JOWERS, SEAN M	1797 EADY LANE	YULEE FL 32097

100025585031
12/17/03--01070--006 **150.00

8. Name and Address of Current Registered Agent

JOWERS, KIMBERLY S
1797 EADY LANE
YULEE FL 32097

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

Kimberly Jowers
REGISTERED AGENT MUST SIGN

Date 12/9/03

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:

Kimberly Jowers Kimberly Jowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/9/03 904 225 0082

Daytime Phone #

CR2ED40 (7/03)

Rush Hour Delivery, Inc.

Office (904) 225-0082

Fax (904) 225-0717

1797 EADY LANE

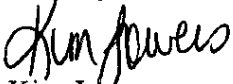
YULEE FL 32097

DEPT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314

To Whom It May Concern:

I regret that we did not receive the previous UBR notices. We have had a great amount of trouble receiving mail at our street address. Please change the mailing address for the corporation to P.O. BOX 351083, Jacksonville, Florida, 32235 as per the enclosed form. Enclosed is the payment for reinstatement for Rush Hour Delivery, Inc.

Thank you,



Kim Jowers
President/Officer