

Aug 16, 2004 3:43PM

SANTINI/RUBIN/WEISSMAN

No. 1305 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 25 AM 8:00

DOCUMENT # P01000012465

1. Corporation Name

Jo Mar Delivery, Inc.

14663 Horseshoe Trace

14663 Horseshoe Trace

2. Principal Office Address

14663 Horseshoe Trace

3. Mailing Office Address

14663 Horseshoe Trace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington FL

City & State

Wellington FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 02/01/20015. FEI Number
65-1073991Applied For
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee required
for a Certificate of Status**REINSTATEMENT**02-04
MRB**7. Name and Address of Current Registered Agent**

Name

Marc Cannavo

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

14663 Horseshoe Trace

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

100040872341
03/08/04--01066--010 ***450.00

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*Marc Cannavo*

Date

8/17/04

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
P	Marc Cannavo	14663 Horseshoe Trace	Wellington FL 33414

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)(f), 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:

Marc Cannavo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

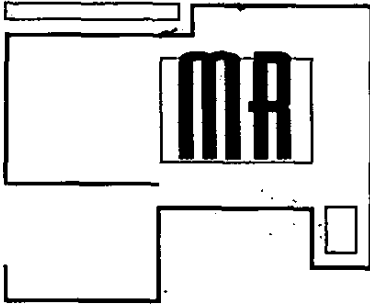
8/17/04

Date

561-512-3815

Daytime Phone #

CR22001 (01/04)



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Michael Rubin CPA, P.A.

Certified Public Accountant

August 16, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

To Whom It May Concern:

My client, Marc Cannavo is requesting that his corporation, Jo Mar Delivery Inc. be reinstated. When the corporation was formed in 2001 he had recently moved to Florida and was renting an apartment. He moved shortly thereafter and the postal forwarding had expired before his first renewal notice was mailed. He has never received an Annual Report Form.

A check in the amount of \$450.00 is enclosed. We respectfully request that any penalties associated with this reinstatement be waived.

Thank you for your assistance with this matter.

Regards,



Michael Rubin CPA