

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

04 JUL 29 AM 8:00

DOCUMENT # PO1000036595

1. Corporation Name

HANDLE WITH CARE DELIVERY, INC.

REINSTATEMENT 03-04

300039693313
07/29/04--01042--004 **308.75

MRS

2. Principal Office Address

18841 Sakera Rd.

3. Mailing Office Address

18841 Sakera Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Hudson, FL

Zip

34667

Country

U.S.A.

Zip

34667

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

April 11, 2001

5. FEI Number

59-3717447

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marcia W. Dearnley

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

6072 Airmant Drive

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34606

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

Marcia W. Dearnley

REGISTERED AGENT MUST SIGN

Date 7/26/04

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.	Marcia W. Dearnley	6072 Airmant Dr	Spring Hill, FL 34606
T/S	Jack Dearnley	6072 Airmant Dr	Spring Hill, FL 34606

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:

Marcia W. Dearnley - Marcia W. Dearnley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/26/04

Daytime Phone #

727-861-1366

CR2E081 (01/04)

292

HANDLE WITH CARE
DELIVERY, INC.

18841 Sakera Road
Hudson, FL 34667

1-800-797-2409

www.withcaredelivery.com
email:hwcdelivery@earthlink.net

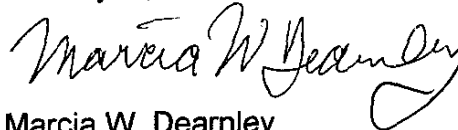
Phone 727/ 861-1366
Fax 727/ 861-1674

July 26, 2004

To: Whom This May Concern

Please reinstate our corporation, enclosed is the reinstatement form application. Please waive the reinstatement fee because we never received the 2003 annual report form. Please find enclosed \$300.00 for the 2003 & 2004 fee and \$8.75 for A CERTIFICATE OF STATUS.

Thank you,



Marcia W. Dearnley