

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000050570

FILED
Oct 31, 2008
Secretary of State

Entity Name: RITEWAY DELIVERY SOLUTIONS, INC.

Current Principal Place of Business:

2580 N POWERLINE RD STE 605
POMPANO BEACH, FL 33069

New Principal Place of Business:

2025 NW 15 AVE
POMPANO BEACH, FL 33069

Current Mailing Address:

2580 N POWERLINE RD STE 605
POMPANO BEACH, FL 33069

New Mailing Address:

2025 NW 15 AVE
POMPANO BEACH, FL 33069

FEI Number: 65-1103276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASCALE, JAMES
4023 NW 63RD ST
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES PASCALE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PASCALE, JAMES
Address: 4023 NW 63RD STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: S () Delete
Name: PASCALE, DEBORAH
Address: 4023 NW 23RD STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: T () Delete
Name: ELLIOTT, MICHELE
Address: 1695 NW 66 AVENUE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES PASCALE

P

10/31/2008

Electronic Signature of Signing Officer or Director

Date