

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JUN 27 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084293

1. Corporation Name

DJB Delivery Service, Inc.

2. Principal Office Address

4817 4th St. W.

Suite, Apt. #, etc.

City & State

Lehigh Acres, FL.

Zip

33971

Country

USA

3. Mailing Office Address

4817 4th St. W.

Suite, Apt. #, etc.

City & State

Lehigh Acres, FL.

Zip

33971

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

August 15, 2001

5. FEI Number

651130565

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

Daniel J. Beck

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

4817 4th St. W.

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33971

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

*[Signature]*

Date 6-24-05

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, T, S, V D, C	Daniel J. Beck	4817 4th St. W.	Lehigh Acres, FL. 33971

800056575258  
06/27/05--01054--008 \*\*450.00

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:

*[Signature]* Daniel J. Beck

6-24-05

(239) 633-6023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

DJB DELIVERY SERVICE, INC.  
4817 4TH ST W  
LEHIGH ACRES, FL 33971-1616

June 24, 2005

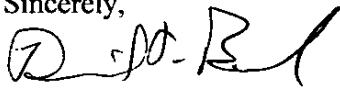
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Waiver of Corporation Reinstatement Fee

To whom it may concern,

I am writing to request a waiver of the \$600.00 reinstatement fee. I moved to a new address in June of 2002 and have not received any mailings or notifications about an annual report filing since then. I am enclosing a check for \$450.00 for the filing fees for the last three years. If you have any questions regarding this matter, please contact me at (239) 633-6023 or (239) 369-8374. Thank you for your careful consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "D. J. Beck", with a stylized flourish at the end.

Daniel J. Beck  
President