FILED

03 MAY -7 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 02/03

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *PO1000102360*

1. Corporation Name

J.C. Delivery Service Inc.

2. Principal Office Address

707 E 9 ST

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip	Country
33010	USA

3. Mailing Office Address

707 E 9 ST

Suite, Apt. #, etc.

City & State

Hialeah Fl

Zip	Country
33010	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☒ 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

CUELLAR, JUAN C.

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

707 E 9 ST

Suite, Apt. #, Etc.

700018460247
05/07/03--01088--015 **300.00

City	State	Zip Code
HIALEAH	FL	33010

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 _____   Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Cuellar Juan C	707 E 9 ST.	HIALEAH FL 33010

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

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

Re: P01000102360

Attn: Renewal Dept:

Gentlemen:

In reference to the above mentioned corporation, please be advised that we never received the renewal notice.

We contacted your renewal department and they advised us to write a letter and specify what happened and to submit the original annual fee and you would renew the corporation.

Your cooperation in this matter is anticipated and appreciated.

Thank you,

Juan C Cuellar
President