

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 NOV 21 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119648

1. Corporation Name

FOOD DELIVERY SERVICE, INC.

Principal Place of Business

1801 COLLINS AVE STE 1102  
MIAMI BEACH FL 33139

Mailing Address

1801 COLLINS AVE STE 1102  
MIAMI BEACH FL 33139



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2201 BRICKELL AVE

Suite, Apt. #, etc.

APT 58

City & State  
MIAMI FL

Zip  
33129

Country  
US

3. New Mailing Office Address, If Applicable

2201 BRICKELL AVE

Suite, Apt. #, etc.

APT 58

City & State  
MIAMI FL

Zip  
33129

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

12/19/2001

5. FEI Number

80-0002898

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	GARCIA, NELSO H	1801 COLLINS AVE STE 1102	MIAMI BEACH FL 33139
DP	GARCIA, Nelso H	2201 Brickell AVE #58	MIAMI FL 33129

800009150138  
11/21/02--01066--015 \*\*150.00

8. Name and Address of Current Registered Agent

GARCIA, NELSO H  
1801 COLLINS AVE STE 1102  
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

GARCIA, Nelso

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

2201 BRICKELL AVE

Suite, Apt. #, Etc.

# 58

City

MIAMI

State

FL

Zip Code

33129

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/15/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/02

CR2E040 (8/02)

November 15, 2002

Department of State  
Division of Corporations  
Tallahassee, FL 32314

Subject: Food Delivery Service, Inc.  
Reinstatement

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2002 filing year. According to your records, you never received an annual report for our corporation. We never received any of the reports and did not know to file this report. Please accept our apologies for any inconvenience this may have caused. Since we opened the business our address has changed and mail was lost or misplaced. If we had received it, we would have sent the \$150.00 immediately. This is our first time having a corporation and we did not intentionally mean to send the report late.

Please accept this check of \$150.00 for the annual report for 2002. Thank you very much for your cooperation.

Sincerely,



Nelso Garcia  
President