

2004 FOR PROFIT CORPORATION REINSTATEMENT

10/2

FILED

04 NOV -4 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000002778
 1. Entity Name
RITEAWAY HOME DELIVERY INC.



Principal Place of Business Mailing Address
11731 NW 31 ST **11731 NW 31 ST**
SUNRISE, FL 33323 **SUNRISE, FL 33323**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



REINSTATEMENT 2004 (6/04) 04

4. FEI Number
26-0034150 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VILLA, JHON A
11731 NW 31 ST
SUNRISE, FL 33323

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **10/29/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VILLA, JHON A 11731 NW 31 ST SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200042477122 11/04/04--01049--021 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILLA, ALEXANDRA 11731 NW 31 ST SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **10/29/04**

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

2082

RITEAWAY HOME DELIVERY INC.
11731 NW 31 ST
SUNRISE, FL 33323

Friday, October 29, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 1500
TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT #P02000002778

We are filing to pay the annual report for our FOR-profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally filed late because we never received any correspondence from your department by the post office. Please, we respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$150.00 covering the 2004 filing. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.



JHON A. VILLA - PRESIDENT