

2004 FOR PROFIT CORPORATION REINSTATEMENT

10fz

FILED

04 NOV -4 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2004-11-04 10:27 (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

7. Name and Address of New Registered Agent

VILLA, JHON A
11731 NW 31 ST
SUNRISE, FL 33323

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/29/04

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200042477122
11/04/04--01049--021 ***150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
VILLA, ALEXANDRA
11731 NW 31 ST
SUNRISE, FL 33323 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/04

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