

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

LOW + LOW TRANSPORT & DELIVERY, INC

P02 000004790

2. Principal Office Address

6250 82nd AVE. N.

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FL

Zip

33781

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

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**4. Date Incorporated or Qualified
To Do Business in Florida**

1/6/2001

5. FEI Number

36-4489837

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GAIL D. GILCHRIST

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

3320-A 122nd AVE. N.

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33716

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

Gail D. Gilchrist

Date 11/12/03

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
PRES	KEVIN M. LOW	6250 82 nd AVE. N.	PINELLAS PARK, FL
SEC	NOLAN M. LOW	1251 69 ST. N.	ST. PETERSBURG, FL 33716

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:

Nolan M Low
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/3 727-545-5566
Daytime Phone #

CR2E081 (10/02)