

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2007 JAN -9 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100084663351  
01/17/07--01012--009 \*\*450.00

CR2E081 (12/05)

DOCUMENT # P02000011644

**1. Corporation Name**

Litespeed Courier Solutions, Inc.  
227 N. Magnolia Ave., Suite 205  
Orlando, FL 32801

**2. Principal Office Address**

227 N. Magnolia Ave

Suite, Apt. #, etc.

Suite 205

City & State

Orlando, FL

Zip

32801

Country

USA

**3. Mailing Office Address**

PO Box 426

Suite, Apt. #, etc.

City & State

Groveland, FL

Zip

34736

Country

USA

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

1/28/02

**5. FEI Number**

010592109

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

Tony Watson

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

227 N. Magnolia Ave.

Suite, Apt. #, Etc.

Suite 205

City

Orlando

State

FL

Zip Code

32801

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

Tony Watson

REGISTERED AGENT MUST SIGN

Date 1-4-05

**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
PRD	Tony Watson	227 N. Magnolia Ave. #205	Orlando, FL 32801
VP	Katina Watson	227 N. Magnolia Ave. #205	Orlando, FL 32801

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 contained in Chapter 119, 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:

Tony Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-4-05

407-532-9778  
Daytime Phone #

LITESPEED COURIER SOLUTIONS, INC.

*Agnera*

January 4, 2007

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

Re: Litespeed Courier Solutions, Inc.  
Document No.: P02000011644

Dear Sir or Madam:

I logged on line to print some information about the above-referenced corporation and learned that it was inactive. We did not receive the annual report notice in 2005. We had opened a P.O. Box and filed a forwarding address with the Post Office, however, apparently that notice was not forwarded to us. We filed annual tax returns for the corporation for 2005 and are preparing to file tax returns for 2006.

Enclosed is a check in the amount of \$450.00 for the following 2005 Annual Fee, 2006 Annual Fee and 2007 Annual Fee.

Sincerely,

*Tony Watson*

Tony Watson  
Vice-President