

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000102469

1. Corporation Name

Vanzac Delivery, Inc.

2. Principal Office Address

5914 Trevors Way

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 23787

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33625

Country

USA.

Zip

33623

Country

USA

REINSTATEMENT 04-05

CR2E081 (8/05)
T. Roberts NOV 14 2005

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

09/23/2002

5. FEI Number

52-2384863

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

Nancy Oliveira-Roché

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

8530 Acorn Ridge Court

Suite, Apt. #, Etc.

City

Tampa

200060854902

10/21/05--01030--010 **150 00

200060854902

11/10/05--01034--006 **300 00

State

FL

Zip Code

33625

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

Nancy Oliveira-Roché
REGISTERED AGENT MUST SIGN

Date

10/19/05

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
Pres.	Oscar Roché Jr.	5914 Trevors Way	Tampa, FL 33625

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:

Oscar Roché Jr. Oscar Roché Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/2005

Daytime Phone #

(813) 610-6704

Department of State/Division of Corporations
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

November 3, 2005

Dear Department of State/Division of Corporations,

I am writing to you to reinstate Vanzac Delivery, Inc. and also to have the penalty fee waived. The reason I am asking for a penalty waiver is because I did not receive any renewal notices. First of all, this is the first business I have had and was unaware that I had to renew every year. Had I known this I surely would've avoided the penalty.

I moved from 9010 Cliff Lake Lane in June/July of 2003. I moved in to 5914 Trevors Way in September of 2003. I honestly believe that this may be the reason I did not receive the renewal notice/s.

I did not receive renewal notices for 2004 and the current year, 2005.

I would like to thank you for your time and effort in this matter. It is greatly appreciated.

Sincerely,



Oscar Roche' Jr. - President

Vanzac Delivery, Inc.