

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 AM 8:00

DOCUMENT # **P02000112266**

1. Corporation Name

NEW WORLD POSTAL DEVELOPMENT (CFL) INC.

Principal Place of Business

Mailing Address

1702 RINGLING BLVD
SARASOTA FL 34236

1702 RINGLING BLVD
SARASOTA FL 34236

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

5370 CLARK RD

5370 CLARK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

111

111

City & State

City & State

SARASOTA FL

SARASOTA FL

Zip

Zip

34241

Country

34241

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2002

5. FEI Number

65-1177230

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KELLY, DAVID	1702 RINGLING BLVD	SARASOTA FL 34236
V	CONNELLY, DAN	1702 RINGLING BLVD	SARASOTA FL 34236
D	CONNELLY, TERESA	1702 RINGLING BLVD	SARASOTA FL 34236
S	HAMILTON, JOSEPH	1702 RINGLING BLVD	SARASOTA FL 34236
			000024726450 11/17/03--01012--012 **750.00

8. Name and Address of Current Registered Agent

NEW WORLD PARTERSHIPS INC.
1702 RINGLING BLVD
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

DAVID KELLY

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

5370 CLARK RD

Suite, Apt. #, Etc.

111

City

SARASOTA

State

FL

Zip Code

34241

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE
[Signature]

Date

11-11-03

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-11-03

Daytime Phone #

941-252 0885

CR2E040 (7/03)