

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC -1 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000113974

1. Corporation Name

R&K DELIVERY INC.

400138326014
12/01/08--01040--014 **300.00

REINSTATEMENT 07-08
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

2022 NW 43 TERRACE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

APT 1

Suite, Apt. #, etc.

SAME

City & State

LAUDER HILL

City & State

SAME

Zip

33313

Country

BROWARD

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/02

5. FEI Number

43-1979794

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

RANDOLPH JONES

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

2022 NW 43 TERRACE

Suite, Apt. #, Etc.

1

City

LAUDER HILL

State

FL

Zip Code

33313

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

x Randolph Jones

REGISTERED AGENT MUST SIGN

Date 11-18-08

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.	<u>RANDOLPH JONES</u>	<u>APT 1 LAUDER HILL 2022 NW 43 TER. #1</u>	<u>LAUDER HILL FL 33313</u>
SEC.	<u>RANDOLPH JONES</u>	<u>SAME</u>	<u>SAME</u>
TRES.	<u>RANDOLPH JONES</u>	<u>SAME</u>	<u>SAME</u>
	<u>\$121</u>		

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: x Randolph Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/08 (954)818-2019

Date

Daytime Phone #