PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 30 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000114676

1. Corporation Name

MANKO DELIVERY SYSTEMS, INC.

2. Principal Office Address		3. Mailing Office Address	
5500-A AIRPORT BLVD		5500-A AIRPORT BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
TAMPA, FL		TAMPA, FL	
Zip	Country	Zip	Country
33634	USA	33634	USA

REINSTATEMENT 04

4. Date Incorporated or Qualified To Do Business in Florida 10/24/2002

5. FEI Number 13-4217608 — 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
JOHN T. BENKO

Street Address (P.O. Box Number is Not Acceptable)
5500-A AIRPORT BLVD

600044525816
01/11/05--01037--007 **150.00

Suite, Apt. #, Etc.

City	State	Zip Code
TAMPA	FL	33634

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 John T. Benko — Date 12·30·04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P/S/D	JOHN T. BENKO	5500-A AIRPORT BLVD	TAMPA, FL 33634
V/D	RAYMOND J. HIGGINS	5500-A AIRPORT BLVD	TAMPA, FL 33634
V/T/D	GREGORY V. MANNY	55000-A AIRPORT BLVD	TAMPA, FL 33634

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: John T. Benko JOHN T. BENKO, PRES 12/30/04 813·886·8862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32524F.1

P05272

MANKO DELIVERY SYSTEMS, INC.
5500-A Airport Boulevard
Tampa, Florida 33634

Florida Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement of Manko Delivery Systems, Inc.

Dear Madam or Sir:

Please consider our request to waive the reinstatement fee for Manko Delivery Systems, Inc. We did not receive the prior two (2) notices issued in 2004.

MANKO DELIVERY SYSTEMS, INC.,
a Florida corporation

By: John T. Benko
John T. Benko, President

Date: Dec. 30, 2004

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