

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV 27 11 9:10

DOCUMENT # P04000067545

1. Corporation Name

CABRERA DELIVERY CORP

2. Principal Office Address

2804 BRUTON RD

Suite, Apt. #, etc.

3. Mailing Office Address

2804 BRUTON RD

Suite, Apt. #, etc.

City & State

PLANT CITY FL

City & State

PLANT CITY FL

Zip

33565

Country

HILLSBOROUGH

Zip

33565

Country

HILLSBOROUGH

REINSTATEMENT
CR2E081 (12/05) 0516

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2004

5. FEI Number

NONE

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

EDAY GUZMAN

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

2804 BRUTON RD

Suite, Apt. #, Etc.

City

PLANT CITY

State

FL

Zip Code

33565

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

REGISTERED AGENT MUST SIGN

Date **11/17/2006**

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	YOSVANY CABRERA	2804 BRUTON RD	PLANT CITY FL 33565
VP	EDAY GUZMAN	2804 BRUTON RD	PLANT CITY FL 33565

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yosvany Cabrera

11/17/2006

Date

813-707-8359

Daytime Phone #

B. Mitchell NOV 27 2006