

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000100707

1. Entity Name
HOLSTON & SON'S DELIVERY INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 26 PM 2:44

Principal Place of Business
31422 SHAKER CIRCLE
WESLEY CHAPEL, FL 33543

Mailing Address
31422 SHAKER CIRCLE
WESLEY CHAPEL, FL 33543



2. Principal Place of Business

7213 LANDOVER DRIVE
Suite, Apt. #, etc.

3. Mailing Address

7213 LANDOVER DRIVE
Suite, Apt. #, etc.

01172006 REIN-P CR2E098 (11/05)

City & State

ZEPHYRHILLS, FLORIDA
Zip 33540 Country Pasco

City & State

ZEPHYRHILLS, FL
Zip 33540 Country Pasco

4. FEI Number

56-2462687

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLSTON, LYNN M SR.
31422 SHAKER CIRCLE
WESLEY CHAPEL, FL 33543

HOLSTON, LYNN M SR.
7213 LANDOVER DRIVE
ZEPHYRHILLS, FL 33540

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lynn M. Holston, Sr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 22, 2006

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HOLSTON, LYNN M SR.
STREET ADDRESS 31422 SHAKER CIRCLE
CITY-ST-ZIP WESLEY CHAPEL, FL 33543

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100065564001
STREET ADDRESS 02/10/06--01008--022 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 100065564001
STREET ADDRESS 02/10/06--01008--023 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynn M. Holston, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 22, 2006

Daytime Phone #

401-230-8288

112000