

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000105496

1. Entity Name
D-D COURIER SERVICES CORP.



FILED

07 OCT -2 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

07292007 REIN-P CR2E08 (1/07)

Principal Place of Business
617 PLUM LANE
ALTAMONTE SPRINGS, FL 32701
5268 TOWER WAY
SANFORD, FLORIDA 32773

Mailing Address
PO BOX 151420
ALTAMONTE SPRINGS, FL 32715-1420

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
5268 TOWER WAY

Suite, Apt. #, etc.

City & State
SANFORD, FLORIDA

City & State

Zip
32773

Country
SEMINOLE

Zip

Country

4. FEI Number
42-1636933

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTLEY, DEREK
617 PLUM LANE
ALTAMONTE SPRINGS, FL 32701

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HUTLEY, DEREK L
617 PLUM LANE
ALTAMONTE SPRINGS, FL 32701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DEREK HUTLEY
617 PLUM LANE
ALTAMONTE SPRINGS, FLORIDA 327 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HUTLEY, DIONNE R
617 PLUM LANE
ALTAMONTE SPRINGS, FL 32701 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
TAMARA D. HUTLEY
617 PLUM LANE
ALTAMONTE SPRINGS, FLORIDA 32773 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100110173151
10/02/07--01020--012 **\$300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-330-3377