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2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000147746					
1. Entity Name ORANGE DELIVERY, INC					
Principal Place of Business 5370 NW 168 TERRACE CAROL CITY, FL 33055			Mailing Address 5370 NW 168 TERRACE CAROL CITY, FL 33055		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1829675	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEDRERA, MIGUEL A 5370 NW 168 TERRACE CAROL CITY, FL 33055			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEDRERA, MIGUEL A 5370 NW 168 TERRACE CAROL CITY, FL 33055		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YBARRA, CARIDAD M 5370 NW 168 TERRACE CAROL CITY, FL 33055		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____			4/1/07 (305) 975-5992		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED

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ORANGE DELIVERY, INC

5370 NW 168 TERRACE

OPA LOCKA, FL 33055

Miami, March 8, 2007

**Department of State
Division of Corporations
Tallahassee, FL 32314**

RE: P04000147746


To Whom It May Concern:

Currently, my corporation is encountering a problem and would need the help of this Department to solve it. The problem arises upon never having received the 2006 UBR (Uniform Business Report) and because of this, the corporation was penalized.

This petition is prepared given that the corporation has recently opened and handles very little activity. Thus, not allowing the corporation to be capable of paying such a large amount of money. An amount deemed unnecessary and unjust.

If in case the REINSTATEMENT is accepted, I would like to thank for understanding the situation presented and we promise to make this be the last time such a problem occurs.

Sincerely


MIGUEL PEDRERA
PRESIDENT