


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

08 MAR 10 PM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000099636

1. Corporation Name

Ingap Delivery Inc.

2. Principal Office Address - No P.O. Box #

1 Verwood Way

Suite, Apt. #, etc.

3. Mailing Office Address

1 Verwood Way

Suite, Apt. #, etc.

City & State

Boynton Beach

City & State

Boynton Beach, FL

Zip

FL

Country

33426

Zip

33426

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 15 2005

5. FEI Number

43-2085794

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

Sonia Grace

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

1 Verwood Way

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33426

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Sonia Grace

Date 03/07/08

REGISTERED AGENT MUST SIGN

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
President	Ivan Navarrete	1 Verwood Way	Boynton Beach, FL 33426

10/02/07 01039002 \$150.00

000121250920
03/25/08--01053--008 **300.00

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

03/07/08 561-632-9502

Date

Daytime Phone #

Date 03/07/08

To whom may it Concern

After speaking with one of the customer services we where advice that we need it to pay \$300 dollars to activate again the company. Please keep in mind they where \$150:- pay prior for this.

Please send us any confirmation to the address below.

1 Venwood Way
Boynton Beach, FL 33426

If you have any questions please do not hesitate to call me at 561-632-5392
Sonia Grace or Mr Ivan Navarrete at 561-632-9502.

Thanks for the help.

Sonia Grace