


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000111430		
1. Entity Name CAREFREE PICK-UP & DELIVERY, INC.		

Principal Place of Business 679 NW ENTERPRISE DR #101 PORT SAINT LUCIE, FL 34986	Mailing Address 679 NW ENTERPRISE DR #101 PORT ST. LUCIE, FL 34986
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2. Principal Place of Business - No P.O. Box # 438 NW Lake Whitney Pl. Suite, Apt. #, etc.	3. Mailing Address 438 NW Lake Whitney Pl. Suite, Apt. #, etc.
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City & State Port Saint Lucie, FL Zip 34986 Country	City & State Port Saint Lucie, FL Zip 34986 Country
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6. Name and Address of Current Registered Agent MC DADE, RONALD S 1648 S.W. OCEAN COVE AVE. PORT ST. LUCIE, FL 34953		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: <i>Ronald S. Mc Dade</i>	DATE: 10-28-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D MC DADE, RONALD S 1648 S.W. OCEAN COVE AVE. PORT ST. LUCIE, FL 34953 <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
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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 I am empowered.	
SIGNATURE: <i>Ronald S. Mc Dade</i>	DATE: 10-28-2008
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR	

FILED  
08 NOV -3 PH 4: 06  
TALLAHASSEE, FLORIDA



10242008 REIN-P CR2E098 (1/07)

4. FEI Number 20-3351841	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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