

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

09 MAR 20 PM 3: 16

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000 120257

1. Corporation Name

WD Delivery INC.

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

6118 Burchley Ct

Suite, Apt. #, etc.

City & State

Orlando FL 32809

Zip Country  
32809 ORANGE

3. Mailing Office Address

6118 Burchley Ct

Suite, Apt. #, etc.

City & State

Orlando FL 32809

Zip Country  
32809 ORANGE

100145414021  
03/10/09--01008--019 \*\*600.00  
REINSTATEMENT 06-09 KS

4. Date Incorporated or Qualified To Do Business in Florida

08-30-05

5. FEI Number

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

Wilfrid Destine

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

6118 Burchley Ct

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32809

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

Wilfrid Destine

Date 3/5/09

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
P	Wilfrid Destine	6118 Burchley Ct	Orlando FL 32809
VP	Ferdieu ESCARNE	5417 Pointe Vista Cr	Orlando FL 32839

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:

Wilfrid Destine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/09 407-468-0527

Date Daytime Phone #