

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.

3. Mailing Office Address

6118 Burchley Ct  
 Suite, Apt. #, etc.

City & State

Orlando FL 32809

City & State

Orlando FL 32809

Zip

Country

32809 Orange

Zip

Country

32809 Orange

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

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
V/P	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

Date

3/5/09 407-468-0527

Daytime Phone #

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

☒ 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.