

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000129872

1. Entity Name  
HOWIE DELIVERY, INC.



FILED

2007 JUN -6 AM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03272007 REIN-P CR2E098 (1/07)

4. FEI Number Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Principal Place of Business  
1843 SUNSET RIDGE DR.  
MASCOTTE, FL 34753

Mailing Address  
1843 SUNSET RIDGE DR.  
MASCOTTE, FL 34753

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
HOWE, BARBARA  
1843 SUNSET RIDGE DR.  
MASCOTTE, FL 34753

7. Name and Address of New Registered Agent  
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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	NAME	HOWE, CORMET <input type="checkbox"/> Delete	TITLE	900103969939 <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		STREET ADDRESS	1843 SUNSET RIDGE DR.	STREET ADDRESS	06/06/07--01018--003	STREET ADDRESS	**300.00
CITY-STATE-ZIP		CITY-STATE-ZIP	MASCOTTE, FL 34753	CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP	

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Day: Phone: #

*[Handwritten initials]*