

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 DEC 26 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000140433

1. Corporation Name

DELYS TRUCKING INC

2. Principal Office Address - No P.O. Box #
2650 NW 56TH AVE

3. Mailing Office Address

Suite, Apt. #, etc.
APT D211

Suite, Apt. #, etc.

City & State
LAUDERHILL FL

City & State

Zip
33313

Country
USA

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **10/14/2005**

5. FEI Number
20-3618464

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
DELROY COOTE

Street Address (P.O. Box Number is Not Acceptable)
2650 NW 56TH AVE

Suite, Apt. #, Etc.
D211

City
LAUDERHILL

State
FL

Zip Code
33313

☒ 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

REGISTERED AGENT MUST SIGN

Date **12/18/2007**

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
PRES	DELROY COOTE	2650 NW 56TH AVE APT D211	LAUDERHILL FL 33313

REINSTATEMENT

06-07

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

PRESIDENT

12/18/2007

Date

954

Daytime Phone #

"PERMIT US TO PERMIT YOU"

CARRIER SERVICE INC

December 18, 2007

*FLORIDA DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
DIVISION OF CORPORATION
CORP FILINGS
PO BOX 6327
TALLAHASSEE FL 32314*

To whom it may concern:

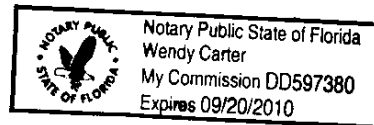
I, Marcia Rhoden, hereby relinquish my position as the president of the company DELY S TRUCKING INC.

The new president will be Mr. Delroy Coote, who will be assuming this position as of the 18th December, 2007.

If you have any questions, please do not hesitate to call me at 954-530-0295.

Sincerely,

Marcia Rhoden
.....
Marcia Rhoden



W. Hearn
.....
Notary signature

12.18.07
.....
Date

Dade
.....
County

"PERMIT US TO PERMIT YOU"

CARRIER SERVICE INC

December 18, 2007

*I, DELROY COOTE, OF 2650 NW 56TH AVE, APT D211, LAUDERHILL,
FLORIDA 33313 HEREBY ACCEPT THE POSITION OF THE
PRESIDENT OF DELYS TRUCKING INC.*

DRIVER'S LIC#. C300-179-66-325-0

SOCIAL SECURITY#

SIGNATURE..... Delroy Coote.....
DELROY COOTE