# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

2007 DEC 26 PM 4: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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1. Corporation Name

## DELVS TRUCKING INC

2650 NW 56TH AVE  Suite, Apt. #, etc.  APT D211  City & State  LAUDERHILL FL  Country  33313  Country  To Name and Address of Current Registered Agent  DELROY COOTE  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.  State	UL	_ L I \	3 1110	CIVII	NG	111								
Suite, Apt. #, etc.  APT D211  City & State  Country  Count					Office Addre	Office Address				CR2	F081 (1/07)			
City & State LAUDERHILL FL  20-36/18464  Applied for Not Applicable 219  7. Name and Address of Current Registered Agent  DELROY COOTE  205/2018/18. Etc.  CEAUDERHILL  State  100/2018/18. Etc.  CEAUTIMIST SIGN  110/2018/18. Etc.  120/2018/18. Etc.  120/2018/				Suite, Apt.	#, etc.					orated or Qualific	<u> </u>	1/2005	Y	
33313  Country  7. Name and Address of Current Registered Agent  DELROY COOTE  2650 The AVEceptable)  33313  Country  7. Name and Address of Current Registered Agent  DELROY COOTE  2650 The AVEceptable)  Characteristic Agent Aveceptable  Characteristic Agent Aveceptable  State FL 33313  State FL 33313			L FL	City & State	3							Applied		
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.  State FL 333133  State FL 333133  State PL	<sup>Zip</sup> 3331	3	Country USA	Zip		Coun	itry			OF STATUS DESIR	\$8.75 for	Additional Fee	required	
2650 NW 56TH AVE  2650 NW 56TH AVE APT D211  2650 NW 56TH			7. Name and Address	s of Current Reg	istered Age	nt								
## Etc.    State   333 303   S	DELF	ROY C	OOTE						"					
As 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.    State   State   State   Be waived.	2650 NW 56TH AVE CEPTABLE)									the prior notices. By checking this box, you				
Strate of REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Directors  Name of Officers and/or Directors  PRES DELROY COOTE  2650 NW 56TH AVE APT D211  REFINSTATEMENT  REFINED	D'2 101 #, Etc.							received and requesting the reinstatement						
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	באטנ	DERHIL	_L		·	State	33313		100 00	warred.				
PRES DELROY COOTE  2650 NW 56TH AVE APT D211  REINSTATEMENT  Old - Officer and/or Directors  REINSTATEMENT  Old - Officer and/or Directors  REINSTATEMENT	Signature of	of	registered agent of the				with and accept t	he ob	ligations of section					
PRES DELROY COOTE  2650 NW 56TH AVE APT D211  PRES DELROY COOTE  2650 NW 56TH AVE APT D211  PRES DELROY COOTE  REINSTATEMENT  Ob - 01	9. Names	s and Street Ad	dresses of Each Officer				orations must list	at lea	st 3 directors)					
n No. 181 185 325 336.00  REINSTATEMENT 06-07			Name of			5	Street Address of	Each			City / State	/ Zip		
REINSTATEMENT 06-07	PRES	DELR	OY COOTE		2650	NW	56TH AVE	ΞΑ	PT D211	LAUDE	RHILL	FL 333	313	
06-07									01/102/		F-325	35 **300.0	J	
06-07														
06-07								_	TO TO TO					
10) I contify that I am an officer or disorder or the receiver or truckee amounted to execute this continuing an execute the receiver or truckee amounted to execute this continuing and the second of								R	EINS	SIAL	_	1 0	7	
	10	that I am a = =	officer or director or the	acciver or to at	amaguesta	to pyec	to this application		rouided for in the	ntor 607 647	C 15	elife sheet when a	Stine	

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 18<sup>th</sup> December, 2007.

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

Sincerely,

Marcia Rhoden

12.18.07

Notary signature

Date

County

Notary Public State of Florida

My Commission DD597380 Expires 09/20/2010

Wendy Carter

"PERMIT US TO PERMIT YOU"

### CARRIER SERVICE INC

December 18, 2007

I,DELROY COOTE, OF 2650 NW 56<sup>TH</sup> 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 Coole
DELROY COOTE