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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINS	PORATION STATEMENT		Secretar	TMENT OF STATE y of State corporations	VIQ	SECRETI ISION O	ARY OF S F CORT R	ATIONS	
DOCUMENT # P05000158490 1. Corporation Name									
F&P Deliveries Service, Inc.									
F&P Deliveries Service, Inc. 2. Principal Office Address 10212 Centennial Ct P. OBOX 261313									
Suite, Apt. #, etc.			Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 12/2005					
City & State Tampa, FL			City & State Tamp	5. FEI Number 20-3892236				lied For Applicable	
Zip 336	15 Hill	sborough	^{Zip} 33685	Country Hillsbarough	CERTIFICATE	OF STATUS	DESIRED 🗌	\$8.75 Additional for a Certificate	
7. Name and Address of Current Registered Agent Name									
	relix radron								
Street Address (P.O. Box Number is Not Acceptable) 10212 Centennial Ct Suite, Apr. #, Etc.									
						I 51-1-	7:- 0		
	City Tarr	pa				FL State	336	15	
8. I, being Signature of Registered A		ared agent of the abo	bligations of section			F.S. 2006	CR2E081 (01/05)		
9. Names	and Street Addresse	s of Each Officer and	d/or Director (Florida nonpi	rofit corporations must list at le	east 3 directors)				
Titles	Name of Street Address of Eac Officers and/or Directors Officer and/or Director								
P	Falix	Padro	n 1021.	2 Centennia	1 ct	Tar	npa	FL	
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	, <u>, , , , , , , , , , , , , , , , , , </u>					800 7/12/0)077 6010	4014 8021	78 **150.00
		,= :			<u> </u>				
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 filling 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 under section 119.07(3)(i), 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 SIGNATURE Dayline Phone #									

F&P Deliveries Service, Inc. 10212 Centennial Ct Tampa ,Florida: 33615

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Re: Corporation Reinstatement Document #: P05000158490

To Whom It May Concern:

Enclosed is my application and a check in the amount of \$150.00 for the re-instatement of my corporation. I meet with my accountant earlier this month and I was advised of an annual report which I was unable to provide. In addition to this I was advised a penalty of \$400.00 is due.

As a new business owner I am aware of many challenges with rules, regulations and penalties however, these reports were never received. Please reconsider/waive this charge as a first time courtesy.

Sincerely

Felix Padron President