

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000028152

Entity Name: T S D DELIVERY INC.

FILED
Oct 04, 2007
Secretary of State

Current Principal Place of Business:

9050 BLACK OLIVE CT
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

9050 BLACK OLIVE CT
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 83-0451338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VAN GRINSVEN, THOMAS R
9050 BLACK OLIVE CT
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: THOMAS R VAN GRINSVEN

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VAN GRINSVEN, THOMAS R
Address: 9050 BLACK OLIVE CT
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R VAN GRINSVEN

PD

10/04/2007

Electronic Signature of Signing Officer or Director

Date