

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 FEB 13 PM 2:30

AND
FILED

DOCUMENT # P06000077115

1. Corporation Name

APM DELIVERY SERVICE, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2.14.08

2. Principal Office Address - No P.O. Box #

241 CORAL DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

241 CORAL DRIVE

Suite, Apt. #, etc.

City & State

FORT WALTON BEACH, FL

Zip

32548

Country

City & State

FORT WALTON BEACH, FL

Zip

32548

Country

CR2E081 (12/07)

REINSTATEMENT

4. Date incorporated or Qualified
To Do Business in Florida 06/01/2006

5. FEI Number

51-0580118

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

ANTHONY WELCH

Street Address (P.O. Box Number is Not Acceptable)

241 CORAL DRIVE

Suite, Apt. #, Etc.

City

FORT WALTON BEACH, FL

State

FL

Zip Code

32548

☒ 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

Anthony P. Welch

REGISTERED AGENT MUST SIGN

Date

2/7/08

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
PR	ANTHONY WELCH	241 CORAL DRIVE	FORT WALTON BEACH, FL 32548

100117953061
02/13/08--01028--008 **300.00

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:

Anthony P. Welch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08 850-899-1941
Date Daytime Phone #