

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 11 AM 6:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000087517

1. Corporation Name

DELIVERY DEPOT, INC.

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

1155 NW 123 STREET

Suite, Apt. #, etc.

City & State

N. MIAMI, FLORIDA

Zip

33168

Country

U S A

3. Mailing Office Address

1155 NW 123 STREET

Suite, Apt. #, etc.

City & State

N. MIAMI, FLORIDA

Zip

33168

Country

U7 S A

CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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
YONI ALONSO

Street Address (P.O. Box Number is Not Acceptable)
1155 NW 123 STREET

Suite, Apt. #, Etc.

City
N. MIAMI

State
FL

Zip Code
33168

☒ 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

Yoni Alonso
REGISTERED AGENT MUST SIGN

Date **April 30th 2009**

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
P	YONI ALONSO	1155 NW 123 STREET	N. MIAMI, FL 33168

REINSTATEMENT

RH

900157042749
06/11/09--01055--006 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yoni Alonso
YONI ALONSO

April 30th, 2009. (786) 317-1721

Date

Daytime Phone #