

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000023975

**FILED**  
**Oct 11, 2010**  
**Secretary of State**

**Entity Name:** FROM HAND TO HAND DELIVERY SERVICE, INC.

**Current Principal Place of Business:**

3270 N W 63RD STREET,  
SUNRISE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3270 N W 63RD STREET,  
SUNRISE, FL 33309

**New Mailing Address:**

**FEI Number:** 26-4470312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CHARLTON, THOMAS T  
3270 N W 63RD STREET  
SUNRISE, FL 33309 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 CHARLTON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PTD  
**Name:** CHARLTON, THOMAS T  
**Address:** 3270 N W 63RD STREET  
**City-St-Zip:** SUNRISE, FL 33309

**Title:** VPSD  
**Name:** CHARLTON, TARSHONA  
**Address:** 3270 N W 63RD STREET  
**City-St-Zip:** SUNRISE, FL 33309

I hereby 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 all other like empowered.

**SIGNATURE:** THOMAS CHARLTON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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10/11/2010

\_\_\_\_\_  
Date