

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 31 PM 3:59

DOCUMENT # P110000031897

1. Corporation Name

SRM DELIVERY SERVICE, INC

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

1718 HONDO AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1718 HONDO AVE

Suite, Apt. #, etc.

City & State

PORT SAINT LUCIE, FL

City & State

PORT SAINT LUCIE, FL

Zip

34952

Country

USA

Zip

34952

Country

USA

REINSTATEMENT 2012

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/30/2011

5. FEI Number

61-1421435

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

STEVEN R. MANN

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

1718 HONDO AVE

Suite, Apt. #, Etc.

City

PORT SAINT LUCIE

State

FL

Zip Code

34952

500243192825
12/31/12--01055--007 **750.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12.26.12

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 | STEVEN R. MANN | 1718 HONDO AVE | PORT SAINT LUCIE, FL 34952 |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: NO EMAIL ADDRESS AVAILABLE: CORRESPOND TO ABOVE MAILING ADDRESS.

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.26.12

Date

Daytime Phone #

1.972.349.3933