


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>APPROVED AND FILED</p>
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97 JUL 31 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002519

1. Corporation Name
GENERAL DELIVERY, INC.

<p>Principal Place of Business</p> <p>68000 110 - HIGHWAY 97 NORTH OLDSMAR, FL 34625 164 E. Douglas Rd OLDSMAR, FLA 34677</p>	<p>Mailing Address</p> <p>68000 110 - HIGHWAY 97 NORTH OLDSMAR, FL 34625 164 E. Douglas Rd. OLDSMAR, FLA. 34677</p>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida	01/07/1993
5. FEI Number	59-3177114
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
164 E. Douglas Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
OLDSMAR, FL	
Zip	Country
34677	U.S.A.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. [Identification Numbers]
PRES.	ROBERT LEITGEB	164 E. Douglas Rd OLDSMAR FLA 34677	600002257606--4 -08/05/87-01016--003 *****1080.00 *****1080.00
			600002257606--4 -08/05/97--01016--004 *****8.75 *****8.75

REINSTATEMENT 95-97
A. Alan
9/31/97

8. Name and Address of Current Registered Agent

~~██████████~~
~~██████████~~
~~██████████~~
164 E. Douglas Rd.
OLDSMAR, FLA.
34677

9. Name and Address of New Registered Agent

Name **Robert Leitgeb**

Street (P.O. Box Number is Not Acceptable) **164 E. Douglas Road**

Suite, Apt. #, Etc.

City **Oldsmar** State **FL** Zip Code **34677**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **[Signature]** Date **7/30/97**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on Intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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]** **7/30/97** **813 725 7500**