

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000024896

1. Entity Name
M & R PONY EXPRESS, INC.



FILED

06 OCT 25 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/13/06 90021 013 \$150.00



10162006 REIN-P GR2E098(11/05) 06

Principal Place of Business

7853 LEO KIDD AVE
APT B
PORT RICHEY, FL 34668 US

Mailing Address

7853 LEO KIDD AVE
APT B
PORT RICHEY, FL 34668 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-0063731

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, MARIA V
7853 LEO KIDD AVE
APT B
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME
P ADAMS, MARIA Y ☐ Delete
STREET ADDRESS
7853 LEO KIDD AVE APT B
CITY-ST-ZIP
PORT RICHEY, FL 34668

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria V. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-2006



M&R Pony Express, Inc.



Best Prices & Services to Tampa
Port • Airport • Train

7853

7841 Leo Kidd Ave. • Port Richey, FL 34668

727-815-1179 (727) 848-7557 • fax: (727) 847-0481

Locally Owned and Operated

October 2006

Reference Number: P93000024896

To Whom It May Concern,

this is the third time I have

written - I never received corporate papers in
January - until July 2006 and that is when
I sent my \$150.00 check in which you cashed
already. I have been filing for 10 years so
I know not to be late.

Paper work was sent back to me & I
then sent notarized letter stating to please waive
late fee due to me not receiving on time - Now
I am sending reinstatement form & requesting to
please waive late fee.

I hope we can resolve this matter.

Sincerely,

Maria Adams