

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000032585

1. Corporation Name **A.S.A.P. PARCEL SYSTEMS, INC.**

Mailing Address
523-A Industrial Avenue
Boynton Beach, Florida 33426

Principal Place of Business
523-A Industrial Avenue
Boynton Beach, Florida 33426

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida
3 May 1993

5. FEI Number
59-2386161

Applied For
Not Applied For

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

REINSTATEMENT

400002014504--7
-11/26/96-01104-038
****775.00 ****775.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	Paul Tufts	9357 Calliandra Drive	Boynton Beach, Florida 33436
STD	Kathy Tufts	9357 Calliandra Drive	Boynton Beach, Florida 33436

8. Name and Address of Current Registered Agent

William A. Fleck
1530 North Federal Highway
Lake Worth, Florida 33460

9. Name and Address of New Registered Agent

Name
Kathy Tufts
Street Address (P.O. Box Number is Not Acceptable)
9357 Calliandra Drive
Suite, Apt. #, Etc.
City
Boynton Beach, Florida 33426 State
FL Zip Code
33426

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

Kathy A. Tufts
REGISTERED AGENT MUST SIGN

Date **22 November 1996**

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:

Kathy A. Tufts

SECRETARY, AGENT OR OFFICER OR DIRECTOR

Date: Davina Phone: