

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000046859

1. Corporation Name
CONQUEST COURIERS, INC.

Principal Place of Business
**1350 N ORANGE AVE
SUITE 241
WINTER PARK FL 32789**

Mailing Address
**1350 N ORANGE AVE
SUITE 241
WINTER PARK FL 32789**

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

2. New Principal Office Address, If Applicable
CONQUEST COURIERS, INC.
Suite, Apt. #, etc.
2515 SHADER Rd.
City & State
ORLANDO, FL 32804
Zip
32804 Country

3. New Mailing Office Address, If Applicable
CONQUEST COURIERS
Suite, Apt. #, etc.
2515 Shader Rd
City & State
Orlando, FL
Zip
32804 Country

FILED

98 JAN 20 AM 11:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT 97-98

4. Date Incorporated or Qualified To Do Business in Florida
07/06/1993

5. FEI Number
59-3195458 **59-309** **4578**
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required for a Certificate of Status**

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 City / State / Zip
P	MARTIN, OZEL W III	116 TINDALE CIRCLE	LONGWOOD FL 32779
V	MARTIN, ANGELA M	116 TINDALE CIRCLE	LONGWOOD FL 32779
			700002408017--1
			-01/22/98--01009--003
			****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MARTIN, OZEL W III
116 TINDALE CIRCLE
LONGWOOD FL 32779**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Ozel W. Martin
REGISTERED AGENT MUST SIGN

Date

AD 1/20

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on Intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Ozel W. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/97 *(407)* **295-4949**
Date Daytime Phone #

CR2E040 (8/97)