PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JUN 20 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077305

1. Corporation Name
SECURED DELIVERY SERVICE
1503 ELIZABETH AVE.
W. PALM BEACH, FL 33401

REINSTATEMENT 99-02

2. Principal Office Address	3. Mailing Office Address
1503 ELIZABETH AV	4264 ANNA LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH FL	City & State: WEST PALM BEACH FL
Zip: 33401 Country: PALM BEACH	Zip: 33406 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: NOV 1, 1993

5. FEI Number: 65-0447897 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

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***1200.00 ***1200.00

Name: LIDER TAUBLA
Street Address (P.O. Box Number is Not Acceptable): 4264 ANNA LN
Suite, Apt. #, Etc.:
City: WEST PALM BEACH State: FL Zip Code: 33406

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: Lider Taubla Date: 6-21-02
REGISTERED AGENT MUST SIGN

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
C	Lider Taubla	4264 ANNA LN	W.P.B. FL 33406
S	DORIS TAUBLA	4264 ANNA LN	W.P.B. FL. 33406

10. 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: Lider Taubla 6-21-02 561-833-0858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #