

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 11 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94600000341

1. Corporation Name

THURMAN'S DELIVERY SERVICE, INC

2. Principal Office Address

3291 HIGHWAY 476

Suite, Apt. #, etc.

City & State

BUSHNELL, FL

Zip

33513

Country

U.S.A.

3. Mailing Office Address

P.O. BOX 1746

Suite, Apt. #, etc.

City & State

BUSHNELL, FL

Zip

33513

Country

U.S.A.

REINSTATEMENT

910-00

4. Date Incorporated or Qualified
To Do Business in Florida

9 JUNE 1994

5. FEI Number

59-3222048

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THURMAN G. PENINGER

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

3291 HIGHWAY 476

Suite, Apt. #, Etc.

City

BUSHNELL,

State

FL

Zip Code

33513

800003521888 - 4

01/03/01-01035-114

1350.00-1350.00

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

Thurman G. Peninger
REGISTERED AGENT MUST SIGN

Date

4 DEC 2000

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
- P -	THURMAN G. PENINGER	3291 HIGHWAY 476	BUSHNELL, FL 33513
T/S	CLAUDIA G. PENINGER	3291 HIGHWAY 476	BUSHNELL, FL 33513
			LS

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:

Thurman G. Peninger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/00

Date

(352)-793-3432

Daytime Phone #

THURMAN G. PENINGER, PRESIDENT.