

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN -3 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P94000067709

**1. Corporation Name**

MANSEP DELIVERY CORPORATION

**2. Principal Office Address**

328 N Fst

Suite, Apt. #, etc.

City & State

Lake Worth FL

Zip

33460

Country

USA

**3. Mailing Office Address**

328 N F st

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33460

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/12/1994

**5. FEI Number**

650520999

**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

James Munoz

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

328 N F st.

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33460

**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

REGISTERED AGENT MUST SIGN

Date

5-7-04

**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
PD	Edmundo Manterola	328 N F st.	Lake Worth, FL 33460
V	James Munoz	328 N F st.	Lake Worth, FL 33460
S	Olga Lopez	1124 NW 11th St.	Boynton Beach, FL 33426

**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:**

James Munoz

5/7/2004 (561) 722-8521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

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## **MANSEP DELIVERY CORPORATION**

**328 N Fst Lake Worth , FL 33460**

**Phone (561) 386-7922 Fax (561) 540-3971**

May 07, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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To whom it may concern:

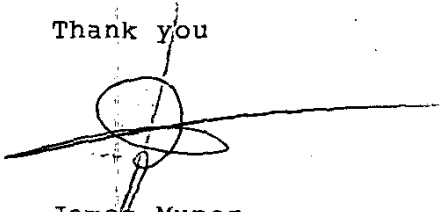
We would like to reinstate our corporation MANSEP DELIVERY CORPORATION document #P94000067709.

This company was administratively dissolved by the State for failure to file a uniform business report. However, we never received that notice from your office in the mail.

We request the State waives the \$600 reinstatement fee.

Enclosed please find our completed application and a check in the amount of \$600 to cover the filing fees.

Thank you



James Munoz

Vice-president

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