

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED
SECRETARY OF STATE
VISION OF CORPORATIONS

00 OCT 16 AM 9:49

DOCUMENT # P95000028529

1. Corporation Name

PEAKUS DELIVERY SYSTEMS, INC.

2. Principal Office Address 25 OLD KINGS RD. NO. #3B		3. Mailing Office Address SAME	
Suite, Apt. #, etc. SUITE 3B		Suite, Apt. #, etc.	
City & State PALM COAST, FL		City & State	
Zip 32137	Country USA	Zip	Country
REINSTATEMENT <u>96-08</u>			
4. Date Incorporated or Qualified To Do Business in Florida 4/11/75			
5. FEI Number 59-3308984			
Applied For Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent	
Name <i>GARY A. HOOTY</i>	700003440827-1
Street Address (P.O. Box Number is Not Acceptable) <i>28 OLD RINGS RD. NORTH</i>	-10/26/00--01072--024
Suite, Apt. #, Etc. <i>SUITE 3B</i>	***1350.00 ***1350.00
City <i>PALM COAST</i>	State FL
	Zip Code 32137

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

Date

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
P/D	GARY A. SLOOM	2500 KINGS RD. NO. #3B	MAY COAST, FL 32135

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/2020 904-447-3150
Date Daytime Phone #