

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 FEB 24 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088056

1. Corporation Name

EXCEL DELIVERY SERVICE INC.

Principal Place of Business

6555 NW 9 AVE  
110  
FT LAUDERDALE FL 33309  
US

Mailing Address

6555 NW 9 AVE  
110  
FT LAUDERDALE FL 33309  
US

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

2. New Principal Office Address, If Applicable

2522 N. ANDREWS AVE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2522 N. ANDREWS AVE  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/1995

5. FEI Number

65-0630890

Applied For

Not Applicable

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GALCZNSKI, STEVE	2522 N. Andrews Avenue	Pompano Beach, FL 33064
S	GALCZNSKI, SHARON	2522 N. Andrews Avenue	Pompano Beach, FL 33064

5.000003161505--2  
-03/08/00--01014--010  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

GALCZNSKI, SHARON  
335 SW 32 TERR  
DEERFIELD BEACH FL 33442

9. Name and Address of New Registered Agent

Name  
Galczynski, Steve  
Street Address (P.O. Box Number is Not Acceptable)  
335 SW Terr  
Suite, Apt. #, Etc.  
City  
Deerfield Beach  
State  
FL  
Zip Code  
33442

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

*Steve Galczynski*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 2.23.00

11. 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: *Steve Galczynski* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 2.23.00 Daytime Phone # 954-974-5100

CR2E040 (8/99)

KE