

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000001837			
1. Corporation Name Florida Delivery Inc.			
2. Principal Office Address 1100 S.W. 73 rd AVE Suite, Apt. #, etc.		3. Mailing Office Address 1100 S.W. 73 rd AVE Suite, Apt. #, etc.	
City & State Plantation, FL		City & State Plantation FL	
Zip 33317	Country Broward USA	Zip 33317	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 11/1/1997		5. FEI Number 65-0724111	
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 PAUL H. STRICKER		700004706067-1	
Street Address (P.O. Box Number is Not Acceptable) 1100 S.W. 73 rd AVE		-12/05/01--01041--083	
Suite, Apt. #, Etc.		****765.00 ****765.00	
City Plantation		State FL	Zip Code 33317
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 Paul H. Stricker		Date 11/15/2001	
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
President	PAUL H. STRICKER	1100 S.W. 73 rd Ave.	Plantation FL 33317
Secy.	Vonda J. Stricker	1100 S.W. 73 rd Ave.	Plantation FL 33317
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: Paul H. Stricker		11/15/2001 9545833494	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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REINSTATEMENT 9701

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