

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 OCT -2 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # p96000103299

1. Corporation Name

Faithful Delivery Services, inc

2. Principal Office Address

1703 n tampa st

3. Mailing Office Address

p.o.box 172998

Suite, Apt. #, etc.

suite 9

Suite, Apt. #, etc.

City & State

tampa florida

City & State

tampa florida

Zip

33602

Country

usa

Zip

33672

Country

usa

4. Date Incorporated or Qualified  
To Do Business in Florida

1998

5. FEI Number

59-3425407

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

Daniel Austin

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

1703 n tampa street

Suite, Apt. #, Etc.

suite 9

City

tampa

State

FL

Zip Code

33602

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

9-27-06

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	daniel austin	1703 n tampa #9	tampa fla 33602
vp	don austin	1703 n tampa #9	tampa fla 33602
sec	ann austin	1703 n tampa #9	tampa fla 33602

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 contained in Chapter 119, 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:

Daniel Austin President

Date

9-27-06

Daytime Phone #

813 228-8400

TO WHOM IT MAY CONCERN,

I AM ASKING THAT ALL FEES  
(REINSTATEMENT) BE WAIVED. I DID NOT  
RECEIVED THE PAPER WORKED NEEDED TO  
FULL FILL THE ANNUAL FEES.

Thank You IN ADVANCE.

Sincerely,

  
DAN AUSTIN