

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP -2 PM 12: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000020368**

**1. Corporation Name**

R & S Fast Delivery, Corp.

**2. Principal Office Address**

14629 Southwest 104 Street

**3. Mailing Office Address**

Suite, Apt. #, etc.

471

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33186

Country

USA

Zip

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 03/05/1999

**5. FEI Number**

65-0732949

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

Rolando Rodriguez

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

14629 Southwest 104 Street

Suite, Apt. #, Etc.

Suite 471

City

Miami

State

FL

Zip Code

33186

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09/15/04 01035 020 \*\*900 00

**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

*Rolando Rodriguez*

Date 09/02/2004

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
PSTD	Rolando Rodriguez	14629 Southwest 104 Street Ste. 471	Miami, FL 33186

**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:**

*Rolando Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/02/2004

Date

786-399-9633

Daytime Phone #

CR26001 (01/04)

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

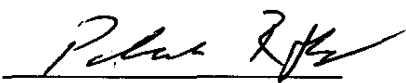
TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISE THAT FOR ANY REASON WE NEVER RECEIVED THE ANNUAL PAYMENT NOTICE SINCE 1999 . PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY

  
ROLANDO RODRIGUEZ  
PRESIDENT