

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 31 PM 3: 56

DOCUMENT # P98000091297

1. Corporation Name

SWIFT DELIVERY, INC.

Principal Place of Business

Mailing Address

7667 W. SAMPLE RD., #186
CORAL SPRINGS FL 33065

7667 W. SAMPLE RD., #186
CORAL SPRINGS FL 33065



REINSTATEMENT

80-01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0872729

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	SMITH, ORVILLE	7667 W. SAMPLE RD., #186	CORAL SPRINGS FL 33065

500004691535--6
-11/21/01--01089--004
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, ORVILLE
7667 W. SAMPLE RD., #186
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 *Orville Smith* REGISTERED AGENT MUST SIGN

Date

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: *Orville Smith* REGISTERED AGENT MUST SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/01

SWIFT DELIVER SERVICE INC.
7667 W SAMPLE RD
STE 186
CORAL SPRINGS FL. 33065
TEL: 954-724-1108

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE FL. 323214

ENCLOSE CHECK IS FOR REINSTATEMENT OF SWIFT DELIVERY SERVICE INC
AS A CORPORATION. THIS TOTAL FOR THE REINSTATEMENT WAS GIVEN TO ME
WHEN I CALLED YOUR OFFICE LAST WEEK.

PAGER 954-286-0861 CAN REACH I ANY QUESTIONS OR CONCERN

THANK YOU

Yours truly,

ORVILLE SMITH.