

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000024434 1. Entity Name BITEL FORKLIFT DELIVERY SERVICE, INC.	
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Principal Place of Business 33210 PORTAGE PATH RIDGE MANOR, FL 33525	Mailing Address P.O. BOX 551 TRILBY, FL 33593
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 19 PM 4:53



05092006 REIN-P CR2E098 (11/05)

4. FEI Number 59-3318708	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BITEL, DENIS 33210 PORTAGE PATH DADE CITY, FL 33523	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BITEL, DENIS 33210 PORTAGE PATH RIDGE MANOR, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 500076252265 06/16/06--01013--009 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Denis M Bitel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	05-13-06 Date	352-279-0782 Daytime Phone #
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