

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000042928

1. Corporation Name

TWO BROTHERS DELIVERY SERVICE INC.

Principal Place of Business

21904 LAKE FOREST CR. #204
BOCA RATON FL 33433

Mailing Address

21904 LAKE FOREST CR. #204
BOCA RATON FL 33433



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

05/11/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0918876

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
PT	VILLEGAS, HERNAN	21904 LAKE FOREST CR. #204	BOCA RATON FL 33433
VS	VILLEGAS, ALVARO	6799 TOWN HARBOR BLVD. #1220 9427 VERONA LAKES BLVD.	BOCA RATON FL 33433 BOYNTON BEACH FLA 33437

400008595834
10/25/02--01076--011 **150.00

8. Name and Address of Current Registered Agent

VILLEGAS, HERNAN
21904 LAKE FOREST CR. #204
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

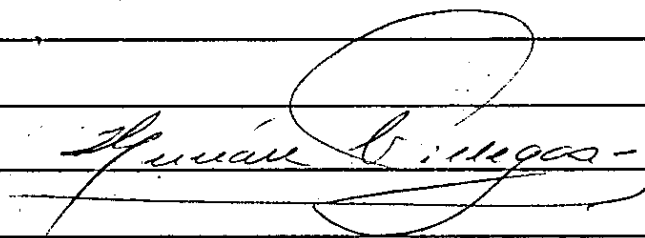
10/23/02 561-394-5830

CR2E040 (802)

To Whom it may concern,

We are attaching a check for \$150
representing the annual fee. We
received no prior notice requesting
a check or renewing our corporation.
Please waive the penalty.

Thank you.

Juan C. Rojas