

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000060603

1. Corporation Name

AROUND THE CLOCK DISTRIBUTION SERVICE, INC.

Principal Place of Business

Mailing Address

5264 NW 116 AV  
CORAL SPG FL 33076  
US

5264 NW 116 AV  
CORAL SPG FL 33076  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/07/1999

5. FEI Number

65-0917911

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FRANCO, WALTER S	5264 NW 116 AV	CORAL SPG FL 33076

700023915587  
10/17/03--01091--015 \*\*150.00

8. Name and Address of Current Registered Agent

FRANCO, MELISSA  
5264 NW 116TH AVENUE  
CORAL SPRINGS FL 33076

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

*Melissa Franco*

Date 10-10-03

REGISTERED AGENT MUST SIGN

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:

*Walter S. Franco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-10-03

Daytime Phone #

CR2ED040 (7/03)

Around The Clock Distribution Service, Inc.  
5264 Northwest 116<sup>th</sup> Avenue  
Coral Springs, Fl. 33076

October 14, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom it May Concern

I am in receipt of your notice of administrative dissolution or revocation of my corporation document # P99000060603. Please be advised that I did not receive any prior notice advising me that my annual UBR was due.

I respectfully request that you accept the enclosed application along with my check in the amount of \$150.00 to re-instate my corporation and waive any penalty imposed as I did not receive any prior notices.

Should you have any questions, or require any additional information, please do not hesitate to contact me at 954-255-8458.

Sincerely,

  
Walter Franco

Sincerely,

<Organization>

<Display Name>

<Job Title>

PLEASE PRINT NAME OF CORPORATION  
PLEASE PRINT ADDRESS OF CORPORATION  
PLEASE PRINT CITY OF CORPORATION