

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P99000110536

1. Entry Name
SPEEDY GONZALEZ DELIVERY SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV -3 AM 10:38

Principal Place of Business
11021 SW 88 ST APT L118
MIAMI, FL 33176

Mailing Address
11021 SW 88 ST APT L118
MIAMI, FL 33176



2. Principal Place of Business - No P.O. Box #
11084 SW 8th Terr.
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

03052009 REIN-P CR2E098 (1/07)

City & State
Miami, FL

Zip
33193

Country

4. FEI Number
65-0980979

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ROBERTO
11021 SW 88 ST APT L118
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entry 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 *[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.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GONZALEZ, ROBERTO
STREET ADDRESS 11931 SW 7TH STREET
CITY-ST-ZIP MIAMI, FL 33184

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME GONZALEZ, ROBERTO
STREET ADDRESS 5536 NW 114 AVE APT 105
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date Daytime Phone #

REINSTATEMENT