

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 APR -3 AM 5:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L87865**

1. Corporation Name

LETTER EXPRESS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1408 N.W. 82nd Avenue  
Miami, Fl. 33126

same

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

2. New Principal Office Address, If Applicable  
n/a

3. New Mailing Office Address, If Applicable  
n/a

4. Date Incorporated or Qualified  
To Do Business in Florida

7/19/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
65-0206582

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

**REINSTATEMENT 97-98**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/D	Pedro E. Behrens, Jr.	1408 N.W. 82nd Ave.	Miami, Fl 33126
VP	Pedro E. Behrens, Sr.	1408 N.W. 82nd Ave.	Miami, Fl. 33126
D	George J. Behrens	1408 N.W. 82nd Ave.	Miami, Fl. 33126
			100002481571-3 -04/07/98--01081-030 ****908.75 ****908.75 4/03/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **Pedro E. Behrens, Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1408 N.W. 82nd Ave.**  
Suite, Apt. #, Etc.  
City **Miami** State **FL** Zip Code **33126**

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

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRPE040 (1/98)