


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 17 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000128012

1. Corporation Name  
Battery Express, Inc.

2. Principal Office Address Battery Express, Inc. Suite, Apt. #, etc. 1932 nw 9th Street City & State Ft. Lauderdale, FL Zip 33311 Country USA		3. Mailing Office Address Battery Express, Inc. Suite, Apt. #, etc. 1932 nw 9th Street City & State Ft. Lauderdale, FL Zip 33311 Country USA	
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**REINSTATEMENT 03**

4. Date Incorporated or Qualified To Do Business in Florida	12/02/2002
5. FEI Number	85-04878142301232
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 - Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Elston R. Joyner

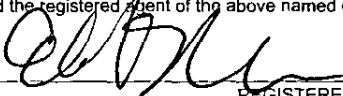
Street Address (P.O. Box Number is Not Acceptable): 1932 n.w. 9th Street

Suite, Apt. #, Etc.:

City: Ft. Lauderdale

State: FL Zip Code: 33311

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: 

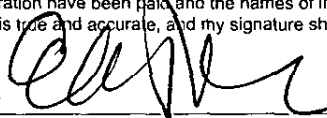
REGISTERED AGENT MUST SIGN

Date: 11/10/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Elston R. Joyner	1932 nw 9th Street	Ft. Lauderdale, FL. 33311
V/S	Gloria B. Joyner	1932 nw 9th Street	Ft. Lauderdale, FL. 33311

10. 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: 11/10/03

Daytime Phone #

CR2E081 (10/02)

Department of State  
Division of Corporations  
Corporate Records  
PO Box 6327  
Tallahassee, Florida 32314

November 10, 2003

Regarding Letter Number: 703A00057026

To Whom It May Concern:

Enclosed is an application for reinstatement. Our original application was not processed due to incompleton.

I have completed the application to the best of my knowledge, also, you requested this letter to be mailed back to you along with our document.

Again, thank you kindly for your assistance in this matter.

Sincerely,

Gloria B. Joyner