Jul 19 12 11:27a Right Way Multiservices

PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

FILED

12 JUL 24 AM 11: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300223634173
03/02/12--01032--006 **1000.00

300223634173
03/02/12--01032--007 **200.00

CR2E061 (11/10)

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000082109

1. Corporation Name
S.T.L. CARGO EXPRESS INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1568 GULF POWER ROAD	1568 GULF POWER ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SNEADS, FLORIDA	City & State: SNEADS, FLORIDA
Zip: 32460 Country: USA	Zip: 32460 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 08/15/2006

5. FEI Number: 61-7861329 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ($7.50 additional Fee required)

7. Name and Address of Current Registered Agent

Name: SAMUEL A. MORAN

Street Address (P.O. Box Number is Not Acceptable): 1568 GULF POWER ROAD

Suite, Apt. #, Etc.

City: SNEADS State: FL Zip Code: 32460

JUL 24 2012

T. SCOTT

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: _____ Date: 02/20/2012
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SAMUEL A. MORAN	1568 GULF POWER ROAD	SNEADS, FL 32460
VP	IRMA MANCIA	1568 GULF POWER ROAD	SNEADS, FL 32460
		REINSTATEMENT 09-12	

10. E-mail Address: EPUKA76@AOL.COM
(To be used for future annual report notifications)

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 the reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 02/20/2012 305-438-7671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #