

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS.

DOCUMENT # **P99000036199**

1. Corporation Name

**E & H EXPRESS, INC.**

Principal Place of Business

Mailing Address

**1690 WEST 55TH PLACE  
HIALEAH FL 33012**

**1690 WEST 55TH PLACE  
HIALEAH FL 33012**

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

**04/21/1999**

5. FEI Number

**65-0912969**

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ALVAREZ, ELIO	1690 WEST 55TH PLACE	HIALEAH FL 33012
VTD	ALVAREZ, HAIDEE	1690 WEST 55TH PLACE	HIALEAH FL 33012

300005108623--6  
-03/14/02--01064--039  
\*\*\*\*900.00 \*\*\*\*900.00

REINSTATEMENT 01-02

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

**HAIDES ALVAREZ**

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

**1690 WEST 55TH PLACE**

Suite, Apt. #, Etc.

City

**HIALEAH**

State

**FL**

Zip Code

**33012**

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

*Haidee Alvarez*

REGISTERED AGENT MUST SIGN

Date

*2/22/02*

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:

*Haidee Alvarez - HAIDEE ALVAREZ*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*12/2/01*

Daytime Phone #

*305-819-0091*