

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F00000001921

1. Corporation Name

SHIPXPRESS.COM, INC.

FILED

01 NOV -6 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~2101 BEACH AVENUE~~  
~~ATLANTIC BEACH FL 32233~~

~~2101 BEACH AVENUE~~  
~~ATLANTIC BEACH FL 32233~~



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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/06/2000

Suite, Apt. #, etc.

20 South First Street

Suite, Apt. #, etc.

20 South First Street

City & State

Jacksonville Beach, FL

City & State

Jacksonville, FL

Zip

32250

Country

Duval

Zip

32250

Country

5. FEI Number 582533096

APPLIED FOR

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PC	PERERA, CHARITH	<del>2101 BEACH AVENUE</del> 20 South First Street	<del>ATLANTIC BEACH FL 32233</del> Jacksonville Beach, FL 32250
VCVP	MAEROWITZ, SETH	<del>2101 BEACH AVENUE</del> 20 South First Street	<del>ATLANTIC BEACH FL 32233</del> Jacksonville Beach, FL 32250
D	MAEROWITZ, SETH	<del>2101 BEACH AVENUE</del> 20 South First Street	<del>ATLANTIC BEACH FL 32233</del> Jacksonville Beach, FL 32250
SD	MISRA, RAGHAVENDRA	<del>2101 BEACH AVENUE</del> 20 South First Street	<del>ATLANTIC BEACH FL 32233</del> Jacksonville Beach, FL 32250
			800004698488--8
			11/29/01-01052-020
			****158.75 ****158.75

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name Corporation Service Company  
Street 7201 Hays Street  
Suite, Apt. #, Etc.  
City Tallahassee State FL Zip 32301

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/31/01

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:

*[Signature]* Seth Maerowitz 10-20-01 718-243-9280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #