

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001816

1. Corporation Name

AIR PONY EXPRESS II, INC.

Principal Place of Business

1630 NW 121 AV.
PEMBROKE PINES FL 33026

Mailing Address

1630 NW 121 AV.
PEMBROKE PINES FL 33026



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2001

5. FEI Number

65-1078005

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MONROE, JO ANN	1630 NW 121 AV	PEMBROKE PINES FL
VSTD	RIGGS, CHARLES A	1630 NW 121 AV	PEMBROKE PINES FL

3000008701443
10/30/02--01084--D16 **150.00

8. Name and Address of Current Registered Agent

RIGGS, CHARLES A
1630 NW 121 AV.
PEMBROKE PINES FL 33026

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Charles A. Riggs
REGISTERED AGENT MUST SIGN

Date

10-20-2002

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:

Jo Ann Monroe
SIGNATURE REJO ANN MONROE - PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/02

Daytime Phone #

954-450-6050

CR2E040 (8/02)

Air Pony Express II, Inc.
1630 NW 121 Av.
Pembroke Pines, Fl.
33026
F01000001816

State of Florida
Div. of Corp.
P.O. Box 6327
Tallahassee, Fl. 32314-6327

10/25/02

Gentlemen:

I request that the reinstatement fee be waived for my corporation.

The corporation operated in Texas for several months this year and we did not receive any mail while away, which included our notices from your office. This will not occur ever again.

Enclosed is our Application for reinstatement and a check for \$150.00 dollars.

Sincerely,

JoAnn Monroe
President