

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL  
AND  
FILED

05 SEP 14 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000005103

1. Entity Name  
D.T.'S EXPRESS, INC.



Principal Place of Business  
312 CLEVELAND AVE.  
LEHIGH ACRES, FL 33936

Mailing Address  
555 PARK AVE.  
PATERSON, NJ 07504

2. Principal Place of Business

3244 JEFFCOFF ST.

Suite, Apt. #, etc.  
FORT MYERS

City & State  
FLORIDA

Zip 33916 Country LEE

3. Mailing Address

3244 JEFFCOFF ST.

Suite, Apt. #, etc.  
FORT MYERS

City & State  
FLORIDA

Zip 33916 Country LAK



08152005

REIN-P

CR2E098 (6/04)

04-05

4. FEI Number  
22-3351021

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DENISE  
312 CLEVELAND AVE.  
LEHIGH ACRES, FL 33936

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE CPT  
NAME THOMAS, DAVID SR ☐ Delete  
STREET ADDRESS 555 PARK AVE.  
CITY-ST-ZIP PATERSON, NJ 07504

TITLE VC  
NAME THOMAS, JERMIK ☐ Delete  
STREET ADDRESS 312 CLEVELAND AVE.  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE VCV  
NAME THOMAS, DAVID ☐ Delete  
STREET ADDRESS 555 PARK AVE.  
CITY-ST-ZIP PATERSON, NJ-07504

TITLE D  
NAME THOMAS, JAMAL ☐ Delete  
STREET ADDRESS 312 CLEVELAND AVE.  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE DS  
NAME THOMAS, DENISE ☐ Delete  
STREET ADDRESS 312 CLEVELAND AVE.  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE D  
NAME THOMAS, DARIUS ☐ Delete  
STREET ADDRESS 7335 NORTH OAKMONT DRIVE  
CITY-ST-ZIP HIALEAH, FL 33015

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID THOMAS

SEP 15 2005

9-15-05 (239)332-2225

Date

Daytime Phone #