

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV 21 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F23220**

1. Corporation Name

MIDWAY EXPRESS COMPANY

Principal Place of Business

Mailing Address

400 NW 128TH AVE
MIAMI FL 33182

400 NW 128TH AVE
MIAMI FL 33182



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

02/20/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2075213

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	RIVERA, RICARDO ENRIQUE	400 N W 128TH AVENUE	MIAMI, FL 00000
PD	RIVERA, ARNOLD	400 N W 128TH AVENUE	MIAMI, FL 00000
D	RIVERA, ONEDA	400 N W 128TH AVENUE	MIAMI FL

REINSTATEMENT

1996

11/21/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIVERA, RICARDO ENRIQUE
400 N.W. 128TH AVE
MIAMI FL 33182

Name

Street Address (P.O. Box Number, If Applicable)

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent

Ricardo E. Rivera **REQUIRED**
REGISTERED AGENT MUST SIGN

Date

9/23/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Ricardo E. Rivera **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/96 (307) 551-7044
Date Telephone #