

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F93000002125**

1. Corporation Name

X-PRESS FREIGHT FORWARDERS INC.

Principal Place of Business

Mailing Address

P.O. BOX 3557
CAROLINA
PUERTO RICO 00984

P.O. BOX 3557
CAROLINA
PUERTO RICO 00984

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

05/06/1993

5. FEI Number

66-0443506

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
PCD	VILANOVA, ERNESTO	1223 LUCHETTI ST., ROMAN MANSION	CONDADO, PUERTO RICO 00927
VTD	VILANOVA, LIZA	PASEO DE LAS FLORES SC 35	TRUJILLO ALTO, PUERTO RICO 0097
S	VILANOVA, IVONNE	SUCHVILLE PARK, CARR #2, KM 17.6	GUAYNABO, PUERTO RICO
D	BRENES, RAMON	CARR 175, KM 2.9, BO SAN ANTONIO	CAGUAS, PUERTO RICO
500004685885-3 -11/16/01--01082--010 ***750.00 ***750.00			

8. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

LEGLER, MITCHELL W
4 INDEPENDENT DRIVE 300A WHARF SIDE WAY
SUITE 3104
JACKSONVILLE FL 32202-32207

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-26-01**

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-26-2001

787-769-8100

FILED

01 OCT 29 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)