

# F96000002320

CONTAINER EXPRESS LINE INC.  
522 US HWY 9 NO. SUITE 212  
MANALAPAN, NJ 07726

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) *W96-9269*
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) *805/9*
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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DIVISION OF CORPORATIONS  
96 MAY -9 AM 11:21

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Morham**  
Secretary of State

May 1, 1996

CONTAINER EXPRESS LINE INC.  
522 US HWY 9 NO. SUITE 212  
MANALAPAN, NJ 07726

SUBJECT: CONTAINER EXPRESS LINES, INC.  
Ref. Number: W96000009269

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We have received your document for CONTAINER EXPRESS LINES, INC. and your check(s) totalling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

The document must include original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Jennifer Sindt  
Document Examiner

Letter Number: 796A00020972

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. CONTAINER EXPRESS LINES, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW JERSEY  
(State or country under the law of which it is incorporated)
3. 22-38135P2  
(FBI number, if applicable)
4. 07-13-94  
(Date of Incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. 04-01-96  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, AND 817.155, F.S.))
7. CONTAINER EXPRESS LINES INC.  
522 U.S. HWY "9N" STE. 2, MANALAPAN, NJ 07726  
(Current mailing address)
8. TRANSPORTATION CONSULTANTS  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: FLORENCE ZELLNER  
Office Address: 7950 W MC NAB RD  
TAMAAAC, Florida, 33321  
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]  
(Registered agent's signature)

Florence Zellner

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address **ONLY** - P. O. Box **NOT** acceptable)

**A. DIRECTORS** (Street address only - P. O. Box **NOT** acceptable)

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS** (Street address only - P. O. Box **NOT** acceptable)

President: STEVEN GOODGLASS

Address: 19 MAIN ST - HACKENSACK NJ 07601

Vice President: STUART ROLAND

Address: 8 TAYLOR RD - MANTLEWOOD NJ 07246

AS E/O 989B PINA GARDENS PKWY - BOCA RATON

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. STUART ROLAND V.P.  
(Typed or printed name and capacity of person signing application)

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NEW JERSEY SECRETARY OF STATE  
CONTAINER EXPRESS LINES, INC.

I, THE SECRETARY OF STATE OF THE STATE OF NEW JERSEY, DO HEREBY  
CERTIFY THAT THE RECORDS OF THIS OFFICE SHOW THAT THE CHARTER/AUTHORITY  
OF THE ABOVE-NAMED NJ BUSINESS WAS FILED IN THIS OFFICE ON JULY 13, 1994.

I FURTHER CERTIFY, THAT SO FAR AS THE RECORDS OF THIS OFFICE SHOW,  
SAID BUSINESS HAS NOT BEEN DISSOLVED, CANCELLED, OR WITHDRAWN, NOR HAS  
ITS CHARTER/AUTHORITY BEEN VOIDED/REVOKED FOR NON-PAYMENT OF STATE TAXES  
BY PROCLAMATION. IT NOW CONTINUES TO MAINTAIN ACTIVE STATUS WITHIN THE  
STATE OF NEW JERSEY. AT THE TIME OF THE ISSUANCE OF THIS CERTIFICATE,  
ANNUAL REPORTS ARE CURRENT.

I FURTHER CERTIFY THAT THE LOCATION OF THE REGISTERED OFFICE IS

19 MAIN ST

HACKENSACK

NJ 07601

AND THE REGISTERED AGENT IS ALAN A DAVIDSON.

APR. 23, 1996

*Sonnie R. Hooker*

