

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
98AR  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 20 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004778

1. Corporation Name

ROCKY MOUNTAIN EXPRESS CORP.

Principal Place of Business

Mailing Address

PO BOX 4209  
EVERGREEN CO 80437-4209

PO BOX 4209  
EVERGREEN CO 80437-4209

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

09/17/1996

5. FEI Number

84-0918715

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)

300002699428--r

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
P	LENTZ, WILLIAM W	RR #5 BOX 208A	RAEFORD NC 28376
V	BOSSICK, JOHN J	2628 FREESTONE LANE	RALEIGH NC 27603
SVC	PACIFICO, VINCENT	83 MICHIGAN AVENUE	MASSAPEQUA NY 11756
TD	ADELSON, SEYMOUR	50 E 79TH STREET	NEW YORK NY 10021
D	STEPHENS, PHIL	2950 NE JELLISON ROAD	BLUE SPRINGS MO 64015
C	HENDERSON, WILLIAM J	34095 RANCHERO DRIVE	EVERGREEN CO 80439

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAKSTEEN, HERMAN  
2301 PARK AVE  
STE 302  
ORANGE PARK FL 32073

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM J HENDERSON PRESIDENT

11/12/98  
Date

303-674-8522  
Daytime Phone #

CR2E040 (9/98)



**RMX** *Global Logistics*

November 12, 1998

State of Florida  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

We are enclosing our Annual Report and a check for \$150.00. We are asking if you would please waive the reinstatement fee as we never received our annual report for completion. We have taken precautions against this happening again and hope you will be understanding of our situation in 1998.

Thank you.

Sincerely,

Debra A. Beezley  
Controller

Rocky Mountain Express Corp.  
P.O. Box 4209  
Evergreen, CO 80437-4209  
**303-674-8522**  
Fax: 303-674-3803  
Toll Free: 8888-24-7-365