

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 AUG -9 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-08/14/02--01045--020  
\*\*\*308.75 \*\*\*308.75

**DOCUMENT #**

J04261

**1. Corporation Name**

Boby Express II of Florida Inc.

**2. Principal Office Address**

1161 Flatbush Ave

Suite, Apt. #, etc.

Brooklyn NY

City & State

11226

U.S.A

Zip

Country

**3. Mailing Office Address**

1161 Flatbush Ave

Suite, Apt. #, etc.

Brooklyn NY

City & State

11226

U.S.A

Zip

Country

**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number**

58-1760159

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Minouche Gaston

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

~~1161 Flatbush Ave~~ 5401 North East 2nd Avenue

**Suite, Apt. #, Etc.**

~~XXXXXXXXXXXXXXXXXX~~

**City**

Miami

**State**

FL

**Zip Code**

33130

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of Registered Agent**

*Minouche Gaston*  
REGISTERED AGENT MUST SIGN

Date 08-06-2002

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Marie Yolette Rhau	175 Rue Du Centre	Port-Au-Prince Haiti
VP	Sarah Rhau	175 Rue Du Centre	Port-Au-Prince Haiti
VP/S	Marie K. Chery	3900 Kings HWY 6L	Bklyn, NY 11234

**10. 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:** *Marie K. Chery* Marie K. Chery  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(718) 287-5295 8/7/02  
Date Daytime Phone #

CR2E081 (9/01)

# Boby Express Co.

1161 Flatbush Ave Brooklyn, NY 11226 (718) 287-5295

August 5, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Re: Boby Express II of Florida Inc. - Corporation Reinstatement

Enclosed please find a reinstatement form filed for Boby Express II of Florida Inc. We had filed the notices for years 2001 and 2002 with no response from your office. Therefore, we are requesting the penalty be waived and enclosing a check of \$308.75 for the reinstatement and a certified copy.

For additional information, please contact us at (718) 287-5295.

Very truly yours,

  
Marie K. Chery  
VP/Secretary