

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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****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.

~~XXXXXX XXXXXXXX~~

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
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

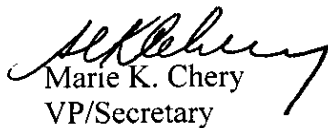
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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