

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

-FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 31 PM 12:39

**DOCUMENT # J19759**

**1. Corporation Name**

EXPRESS OFFICE SERVICES, INC.

**2. Principal Office Address**

507 E. Tyler

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33602

Country

Hillsborough

**3. Mailing Office Address**

507 E. Tyler

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33602

Country

Hillsborough

**REINSTATEMENT 90-01**

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

6/17/86

**5. FEI Number**

59-2703782

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

Trudy R. McKean

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

9737 Bay Colony Dr.

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33569

**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

REGISTERED AGENT MUST SIGN

Date

7/27/01

**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
PD	Trudy R. McKean	9737 Bay Colony Dr.	Riverview, FL 33569
SDT	Michelle J. Hayes	3C10 Pine Club Dr.	Plant City, FL 33567

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/27/01

813-223-4221

Daytime Phone #

CR2E081 (9/00)