

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 3. Mailing Office Address

507 E. Tyler

507 E. Tyler

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

Hillsborough 33602

Country

Hillsborough

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.

0000004537110-1
-08/16/01-01011-022
***2100.00 ***2100.00

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

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

7/27/01

813-223-4221

Date

Daytime Phone #