

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -5 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K55083

1. Corporation Name

FLORIDA EXPRESS TRUCKING, INC.

2. Principal Office Address

9025 NORTH ATLANTIC AV.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

CAPE CANAVERAL FL

City & State

Zip

32920

Country

USA

Zip

Country

REINSTATEMENT 90-07

4. Date Incorporated or Qualified
To Do Business in Florida

1988

5. FEI Number

592931295

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

PATRICK LEE

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

9025 NORTH ATLANTIC AV.

Suite, Apt. #, Etc.

City

CAPE CANAVERAL

State

FL

Zip Code

32920

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

Patrick T. Lee

REGISTERED AGENT MUST SIGN

Date

12/15/06

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
D	PATRICK T. LEE	9025 NORTH ATLANTIC AV.	CAPE CANAVERAL
			FL. 32920

REINSTATEMENT

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 contained in Chapter 119, 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

Patrick T. Lee

Date

12/15/06 321 183 9623

Daytime Phone #