

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

MAY 11 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K68980

1. Corporation Name

Eagle Express Services, Inc.

2. Principal Office Address

151 Prospect Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 19B

Suite, Apt. #, etc.

City & State

Hackensack, New Jersey

City & State

Zip

07601

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

February 28, 1989

5. FFL Number

65-0115861

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

Joel A. Savitt

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

20801 Biscayne Boulevard

Suite, Apt. #, etc.

Suite 506

City

Aventura

State

FL

Zip Code

33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date April 18, 2006

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	Arnold Klein	151 Prospect Avenue, Suite 19B	Hackensack, New Jersey 07601
STV	Sharon Roberto-Klein	151 Prospect Avenue, Suite 19B	Hackensack, New Jersey 07601

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

[Signature]

4/18/06

Date

Daytime Phone #

2013425706