

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002831

Name and Mailing Address

0013127 01 AT 0.292 **AUTO T7 0 0615 33498-676169



ROCKET EXPRESS, LLC.

10969 RAVEL CT.

BOCA RATON FL 33498-6761



US

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
DE

5. Date Organized or Qualified
To Do Business in Florida 12/17/2001

Principal Place of Business
10969 RAVEL CT.
BOCA RATON FL 33498
US

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
65-1156489

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

ANDRIOFF, CARL J
10969 RAVEL COURT
BOCA RATON FL 33498

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Carl J. Andrioff
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-1-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ANDRIOFF, ALEXIS D	10969 RAVEL CT	BOCA RATON FL 33498
MGRM	ANDRIOFF, CARL J	10969 RAVEL CT	BOCA RATON FL 33498

200024622302
11/13/03--01016--006 **150.00

REINSTATEMENT

03

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Alexis D. Andrioff
SIGNATURE REQUIRED

Date 11-1-03 Daytime Phone # 561-414-4446

Typed or printed name of signing Managing Member/Manager

ALEXIS D. ANDRIOFF