

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JUL -2 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000002490**

1. Corporation Name

TERMINALS EXPRESS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

7276 NW 58TH STREET
MIAMI FL 33166

7276 NW 58TH STREET
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9100 S. DADELAND BLVD

3. New Mailing Office Address, If Applicable

100 RAILROAD AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ONE DATRAN CTR. STE 1510

City & State

City & State

MIAMI, FL

RIDGEFIELD PARK, NJ

Zip

Country

Zip

Country

33156

USA

07660

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2000

5. FEI Number

65-0973566

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres.	ANTHANASI TSIVGAS	43 SPRUCE HOLLOW ROAD	Greenbrook, NJ 08812

8. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name

FRIEDLAND + CO., PA.

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

9100 S. DADELAND BLVD

Suite, Apt. #, Etc.

ONE DATRAN CENTER, STE 1510

City

MIAMI

State

FL

Zip Code

33156

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

700 & Co. PA.
REGISTERED AGENT MUST SIGN

Date

6/28/02

11. 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:

5/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

201-296-0420

CR2E040 (8/01)