

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.

REINSTATEMENT 01-02



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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

9100 S. DADELAND BLVD

100 RAILROAD AVE.

01/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

ONE DATRAN CTR, STE 1510

605-0973566

Not Applicable

City & State
 MIAMI, FL

City & State
 RIDGEFIELD PARK, NJ

Zip
 33156

Country
 USA

Zip
 07660

Country
 USA

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)

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

400006274284--2
 -07/09/02--01037--015
 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

[Signature]
 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/29/02 201-296-0420

CR2E040 (8/01)