

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 NOV 19 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000016307

1. Corporation Name

ZALDIVAR EXPRESS CORP

2. Principal Office Address

12736 SW 64 Ter
Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33183

Country

USA

3. Mailing Office Address

12736 SW 64 Ter
Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33183

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/10/2000

5. FEL Number

65-0982554

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

Xiomara Zaldivar

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

12736 S.W. 64 Ter

Suite, Apt. #, Etc.

City

MIAMI

300004706573-2

-12/05/01-01072-007

***150.00 ***150.00

300004706573-2

-12/05/01-01072-008

***150.75 ***150.75

State

FL

Zip Code

33183

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**

Xiomara T. Zaldivar

REGISTERED AGENT MUST SIGN

Date

10-23-2001

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
VP	Eduardo Zaldivar	12736 SW 64 Ter	MIAMI FL 33183
P	Xiomara T. Zaldivar	11 71 12	FL FL

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 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:

Xiomara T. Zaldivar

Xiomara T. Zaldivar

10/23/01

305
753-0369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To:

DEPARTMENT OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

PLEASE ACCEPT MY FILING FEE
I DID NOT RECEIVE THE REPORT. I
CHANGED THE CORPORATION NAME
FROM CUBA EXPRESS TO ZALDIVAR
EXPRESS CORP.

THIS IS MY FIRST YEAR WITH A
CORPORATION SO I DON'T KNOW
THE PROCEDURE.

YOURS TRULY,

Xiomara T. Zaldivar

XIOMARA T. ZALDIVAR
ZALDIVAR EXPRESS CORP.
12736 S.W. 64 TERR.
MIAMI, FL 33183