

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 11:13

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P00000016307**

1. Corporation Name

**ZALDIVAR EXPRESS CORP.**

Principal Place of Business

12736 SW 64TH TERR.  
 MIAMI FL 33183

Mailing Address

12736 SW 64TH TERR.  
 MIAMI FL 33183

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/10/2000

5. FEI Number

65-0982554

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT** 03



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
VP	ZALDIVAR, EDUARDO	12736 SW 64TH TER	MIAMI FL 33183
P	ZALDIVAR, XIOMARA T	12736 SW 64TH TER	MIAMI FL 33183

900024948979  
 11/24/03--01019--009 \*\*150.00

8. Name and Address of Current Registered Agent

ZALDIVAR, XIOMARA T  
 12736 SW 64TH TERR.  
 MIAMI FL 33183

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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. or 617.0505, F.S.

Signature of Registered Agent

*Xiomara T. Zaldivar*  
 REGISTERED AGENT MUST SIGN

Date

11-10-03

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:

*Xiomara T. Zaldivar*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Xiomara Zaldivar

Date

11-10-03

Daytime Phone #

305  
 383 3930

CFR2E040 (7/03)

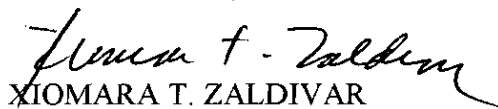
FLORIDA DEPT. OF STATE  
GLENDA E. HOOD  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

November 10, 2003

DOCUMENT P00000016307

I'M WRITING TO YOU TO ASK FOR A REINSTAMENT  
I'M ENCLOSING THE REQUIRED FEE OF \$150.00  
WE HAVE NOT RECEIVED ANY APPLICATION BEFORE  
THIS ONE.  
PLEASE NOTE THAT IS ZALDIVAR INSTEAD OF ZALDIVAN

YOURS TRULY,



XIOMARA T. ZALDIVAR  
12736 S.W. 64 TERRACE  
MIAMI, FL 33183