

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

02 MAY 15 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **900000036414**

1. Corporation Name

Breeze Express Inc.

2. Principal Office Address

1046 NW 59th

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33127

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

REINSTATEMENT

2001-2002

4. Date Incorporated or Qualified
To Do Business in Florida

April 11, 2000

5. FEI Number

000006348

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

Danny Swain

700005665917-3

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

1046 NW 59th

-06/03/02--01087--016

******900.00 ****900.00**

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33127

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

Danny Swain

REGISTERED AGENT MUST SIGN

Date

5/9/02

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
Pres.	DANNY SWAIN	1046 NW 59th	Miami FL 33127
Vice pres.	Paula Swain	1046 NW 59th	Miami FL 33127

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:

Danny Swain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/9/02

Daytime Phone #

305 7597448

CR2E081 (9/01)