

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -7 AM 7:37

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000041620

1. Corporation Name

AIR EXPRESS FLORIDA, INC.

2. Principal Office Address - No P.O. Box #

2664 NORTH DESIGN COURT

Suite, Apt. #, etc.

City & State

SANFORD, FL

Zip

32773

Country

USA

3. Mailing Office Address

C/O AIR EXPRESS P.O. BOX 61122

Suite, Apt. #, etc.

City & State

LONGMEADOW, MA

Zip

01106

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

4/24/00

5. FEI Number

582539520

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

PAUL GELINAS

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

2664 NORTH DESIGN COURT

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32773

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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	PAUL GELINAS	P.O. BOX 61122	LONGMEADOW, MA 01106

600103040166
05/22/07--01052--014 **1050.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/3/07 4132102000

Daytime Phone #