

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 25 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000041620

1. Corporation Name

AIR EXPRESS FLORIDA, INC

2. Principal Office Address

2644 NORTH DESIGN COURT

Suite, Apt. #, etc.

City & State

SANFORD, FL

Zip

32773

Country

3. Mailing Office Address

C/O AIR EXPRESS INC

Suite, Apt. #, etc.

52 WAYSIDE AVENUE

City & State

WEST SPRINGFIELD MA

Zip

01089

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/2000

5. FEI Number

58-2539520

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

400022553274

08/25/03--01088--010--**300.00

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



Date

REGISTERED AGENT MUST SIGN

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 Officers and/or Director	City/State/Zip
P/T/D	PAUL GELINAS	2664 NORTH DESIGN COURT	SANFORD, FL 32773

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/03

Date

413-536-8873

Daytime Phone #