

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000051867

1. Corporation Name

VIA APPIA EXPRESS HOLDING, INC.

Principal Place of Business

C/O ALFONSO J. PEREZ ESO
100 S BISCAYNE BLVD SUITE 800
MIAMI FL 33131

Mailing Address

C/O ALFONSO J. PEREZ ESO
100 S BISCAYNE BLVD SUITE 800
MIAMI FL 33131

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

2. New Principal Office Address, if Applicable

1944 WESTON ROAD
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

1944 WESTON ROAD
Suite, Apt. #, etc.

City & State

WESTON FL
Zip 33326 Country USA

City & State

WESTON FL
Zip 33326 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/2000

5. FEI Number

65-1019195

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	FALLONE, MONICA	100 S BISCAYNE BLVD SUITE 800 1944 WESTON RD, WESTON	MIAMI FL 33131 FLORIDA 33326
D	FALLONE, GIUSEPPE	100 S BISCAYNE BLVD SUITE 800 1944 WESTON RD, WESTON	MIAMI FL 33131 FLORIDA 33326
D	DE FALLONE, MARIA LUGINA P	100 S BISCAYNE BLVD SUITE 800 1944 WESTON RD, WESTON	MIAMI FL 33131 FLORIDA 33326
D	FALLONE, STEFANIA	100 S BISCAYNE BLVD SUITE 800 1944 WESTON RD, WESTON	MIAMI FL 33131 FLORIDA 33326
D	MANCERA, LUIS EDUARDO	100 S BISCAYNE BLVD SUITE 800 1944 WESTON RD, WESTON	MIAMI FL 33131 FLORIDA 33326

8. Name and Address of Current Registered Agent

BRODIE, SIDNEY Z ESO.
7270 N.W. 12TH STREET
PH-I
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name BORIS ROSEN
Street Address (P.O. Box Number is Not Acceptable)
150 SECOND AVENUE
Suite, Apt. #, Etc. SUITE 1200
City MIAMI
State FL Zip Code 33131

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.

Signature of
Registered Agent

NEW REGISTERED AGENT
SIGNATURE REQUIRED

Date

1/8/02

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED
LUIS EDUARDO MANCERA, Director, 954-389-3343
1-8-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)