

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 AM 11:55

DOCUMENT # P00000104428

1. Corporation Name

RLJ BULK EXPRESS, INC.

Principal Place of Business

Mailing Address

1774 SW 25TH CT.
SUMTERVILLE FL 33585

1774 SW 25TH CT.
SUMTERVILLE FL 33585



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3698016

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	Ralph L. McLean	1774 SW 25TH CT	Sumterville, FL 33585
V. Pres.	Erlinda C. McLean	1774 SW 25TH CT	Sumterville, FL 33585
Sec.			
Treas.	James N. McLean	1774 SW 25TH CT	Sumterville, FL 33585

000004655250--1
-10/26/01--01067--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCLEAN, RALPH L
1774 SW 25TH CT.
SUMTERVILLE FL 33585

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/01)

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.

Ralph L. McLean

Signature of
Registered Agent

X Ralph L. McLean

Date 10.15.01

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.

Ralph L. McLean

AD

SIGNATURE:

X Ralph L. McLean

10.15.01

Date

Daytime Phone #

RLJ Bulk Express, Inc.

10/12/2001

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Please find enclosed herewith an Application for Reinstatement and a check for \$150.00. We just incorporated in November, 2000. My C.P.A. advises me that I should have received an annual report and then a second notice annual report. I did not receive either. As a new corporation, anytime I have received forms or requests, I have sought guidance from my accountant. She can attest that I never contacted her regarding this annual report and my compliance. She surmised that the incorporation date being so late in 2000 may have prevented the generation of our annual report. We respectfully request a waiver of the \$600.00 reinstatement fee. Please feel free to contact me if you need additional information.,

Sincerely,

Ralph L. McLean
President