

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -5 AM 9:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PO-1000003633

1. Corporation Name

Florida Air Express, Inc

300009372403
12/05/02--01047--004 **158.75

2. Principal Office Address

523 S. Andrews Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

523 S Andrews Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1066224

☒ 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

Jean Robert Achille

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

523 S Andrews Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State
FL

Zip Code
33301

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

Jean Robert Achille
REGISTERED AGENT MUST SIGN

Date 11-27-2002

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
P	Jean Robert Achille	523 S Andrews Avenue	Ft. Lauderdale, FL 33301
T/R	Jean Robert Achille	523 S Andrews Avenue	Ft. Lauderdale, FL 33301

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:

Jean Robert Achille
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean Robert Achille

11-27-02

Date

954-822-

Daytime Phone # 5660

CR2E081 (9/01)

js 12/5

Florida Air Express, Inc
523 S. Andrews Avenue
Fort Lauderdale, Florida 33301
(954) 822-5660

November 27, 2002


Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Corporation Reinstatement

Gentlemen:

Please be advised that I did not received the annual report for 2001. Enclosed please find my money order for \$158.75 for annual report fee. Kindly reinstate my corporation and forward a certificate of status as soon as possible.

Very truly yours,


Jean Robert Achille
President

Enc.