Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
MILKY WAY EXPRESS, INC.

Certificate of Status	**0**
Certified Copy	**0**
Page Count	**02**
Estimated Charge	**$1,050.00**

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 18 AM 10: 17

PLEASE READ ALL INSTRUCTIONS BEFORE C

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E031 (12/08)

DOCUMENT # P01000013311

1. Corporation Name

Milky Way Express, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
20501 Ventura Boulevard	20501 Ventura Boulevard
Suite, Apt. #, etc. Suite 325	Suite, Apt. #, etc. Suite 325
City & State Woodland Hills, California	City & State Woodland Hills, California
Zip 91364 Country USA	Zip 91364 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2/5/2001

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

☐ 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: Carina L. Dunlap Asst. Vice President Date: 3-18-10

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Wayne Shorter Pres., Sec, Treas. and Dir	20501 Ventura Boulevard, Suite 325	Woodland Hills, CA 91364

B 3/18/10

REINSTATEMENT 08-10

10. I certify that I am an officer or director of 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: x Wayne Shorter WAYNE SHORTER, PRES x 3/11/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #