

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 : 120000000195
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.**

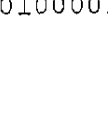
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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000013311			
1. Corporation Name Milky Way Express, Inc.			
2. Principal Office Address - No P.O. Box # 20501 Ventura Boulevard		3. Mailing Office Address 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 ☐ ☒			
☐ 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.			
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	
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	
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
REINSTATEMENT			
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: <i>Wayne Shorter</i>		WAYNE SHORTER, PRES 3/11/2010	
SIGNATURE AND TYPED OR PRINTED NAME OF BOOKING OFFICER OR DIRECTOR		Date	