

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 18 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000013311**

**1. Corporation Name**

MILKY WAY EXPRESS, INC.

REINSTATEMENT 03

000024800020

11/18/03--01045--023 \*\*150.00

**2. Principal Office Address**

3370 N.E. 190TH ST.

Suite, Apt. #, etc.

2713

City & State

AVENTURA, FL

Zip

33180

Country

U.S.

**3. Mailing Office Address**

20501 VENTURA BLVD.

Suite, Apt. #, etc.

325

City & State

WOODLAND HILLS, CA

Zip

91364

Country

U.S.

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

2/2/2001

**5. FEI Number**

65-1076270

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

WAYNE SHORTER

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

3370 N.E. 190TH ST.

Suite, Apt. #, Etc.

2713

City

AVENTURA

State

FL

Zip Code

33180

**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

Date

REGISTERED AGENT MUST SIGN

**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
PRES	WAYNE SHORTER	3370 NE. 190TH ST. #2713	AVENTURA, FL 33180

**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)(f), 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: *Wayne Shorter*

WAYNE SHORTER

*11/14/03*

305-933-4926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (10/02)



MILKY WAY EXPRESS, INC.  
C/O EICHENBAUM, COMER & RATYNETS  
20501 VENTURA BLVD. #325  
WOODLAND HILLS, CA 91364  
(818) 713-8100

October 24, 2003

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

RE: Document #P01000013311

To whom it may concern:

Enclosed please find a corporation reinstatement form for the above document number.  
Also enclosed please find a check in the amount of \$150.00.

I did not receive either notice to file the annual report/uniform business report form.  
Therefore I respectfully request that you abate the penalties and late fees regarding the  
above referenced account due to the fact that there was no willful neglect to file these  
forms.

Thank you for your assistance in this matter.

Very truly yours,

A handwritten signature in black ink that reads "Wayne Shorter". The signature is written in a cursive, flowing style.

Wayne Shorter  
-President