## 2009 FOR PROFIT CORPORATION REINSTATEMENT

changed, or on an attachment with an address, with all other like empowered.

NATURE AND TYPED O

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED **DOCUMENT # P01000021078** 2009 FEB 13 A 10: 33 1. Entity Name DDU EXPRESS, INC. SECRETARY OF STATE ALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 20 WILLIAM STREET 20 WILLIAM STREET WELLESLEY, MA 02481 WELLESLEY, MA 02481 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022009 REIN-P CR2E098 (1/07) City & State City & State 4. FEI Number Applied For 65-1120889 Not Applicable Country Zip Country Ζıp \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRAVITZ, NORMAN Street Address (P.O. Box Number is Not Acceptable) 5900 NORTHWEST 99TH COURT PARKLAND, FL 33076 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$900.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PŞ TITLE Delete TITLE Change ☐ Addition 100143594821 02/13/09--01039--029 \*\*\*900.00 NAME KRAVITZ, NORMAN NAME STREET ADDRESS 5900 NORTHWEST 99TH COURT STREET ADDRESS PARKLAND, FL 33076 CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition REINSTATE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

## ADORNO & YOSS

A LIMITED LIABILITY PARTNERSHIP

700 SOUTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FLORIDA 33432-6128 PHONE: (561) 393-5660, FAX: (561) 338-8698 WWW.ADORNO.COM

GARRY W. O'DONNELL

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February 12, 2009

<u>VIA U.P.S. OVERNIGHT</u> (1Z R4W 025 13 9531 9847)

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: DDU Express, Inc.

Dear Sir or Madam:

This law firm represents DDU Express, Inc. Enclosed please find the original Corporation Reinstatement form together with this firm's check in the amount of nine hundred dollars (\$900.00) to cover the cost of reinstatement for our client.

Kindly return a stamped copy to our office in the enclosed, self-addressed, stamped envelope evidencing receipt.

Should you have any questions or need anything further, please feel free to contact me.

Yours very truly,

**ADORNO & YOSS, LLP** 

GWO:dk

Enclosures (Via UPS)

CALIFORNIA FLORIDA GEORGIA ILLINOIS MASSACHUSETTS MISSOURI NEW JERSEY NEW YORK TEXAS WASHINGTON, D.C.