

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 NOV 20 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063305

1. Corporation Name **Road Runner Expediting Inc.**  
**1345 Meridian Ave #10**  
**Miami Beach, FL 33139**

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

**Davis Cede C**

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

**1345 Meridian Ave #10**

000009090440

11/20/02--01005--023 \*\*150.00

Suite, Apt. #, Etc.

City **Miami Beach**

State  
**FL**

Zip Code  
**33139**

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

REGISTERED AGENT MUST SIGN

Date

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
D	Davis Cede C	1345 Meridian Ave #10	Miami Beach, FL 33139

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (9/01)

*Brito & Brito Accounting*  
*407 Lincoln Road, Suite 500*  
*Miami Beach, FL 33139*  
*Corporate Accounting and Business Development*  
*Tel: (305) 534-9292 / Fax: (305) 534-7534*

*Florida Dept of State*  
*Division of Corp.*

*RE: Road Runner Expediting Inc*  
*1345 Meridian Ave #10*  
*Miami, FL 33139*  
*PO1000063305*

*Dear Sir or Madam,*

*As per your request in our telephone conversation I'm enclosing a reinstatement Form and a letter asking to waive of penalty of \$400.00. Please note that my client did not receive neither of the two notices. My client has enclosed a check for \$ 150.00*

*Thanks in Advance*

  
*George Brito*  
*Accountant*

*Gbl/ca*