

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 15 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000041685**

1. Corporation Name

EXPRESS REALTY MANAGEMENT, INC.

2. Principal Office Address

1093 NE 204 TERR

Suite, Apt. #, etc.

City & State

N. Miami FL

Zip

33179

Country

Am.

3. Mailing Office Address

1835E. Hallandale Blvd

Suite, Apt. #, etc.

STE. 331

City & State

HALLANDALE FL

Zip

33009

Country

Am.

REINSTATEMENT

03-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

April 8, 2002

5. FEI Number

01-0656308

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

BRENDA MOORE

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

1093 NE 204 TERR

Suite, Apt. #, Etc.

City

N. Miami

State

FL

Zip Code

33179

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

Brenda Moore

REGISTERED AGENT MUST SIGN

Date

9-10-04

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
President	BRENDA MOORE	1093 NE 204 TERR	N. Miami FL 33179
Vice President	Billy Smith	2741 NW 4th COURT	Pompano Beach, FL 33069
Secretary	Billy Smith	2741 NW 4th COURT	Pompano Beach, FL 33069
Treasurer	Brenda Moore	1093 NE 204 TERR	N. Miami FL 33179

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:

Brenda Moore President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 9, 2004 35-999-9627
Date Daytime Phone #

CP2E081 (01/04)