

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN -1 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02 0000 45685

1. Corporation Name

Express Same Day Delivery, Inc.

2. Principal Office Address

4604 Suburban Pines Dr

Suite, Apt. #, etc.

City & State

Lake Worth, FL 33463

Zip
33463

Country

USA

3. Mailing Office Address

PO Box 541415

Suite, Apt. #, etc.

City & State

Lake Worth, FL 33454

Zip

33454

Country

USA

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

4/22/02

5. FEI Number

68-0518019

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Lawrence Fallo

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

4604 Suburban Pines Dr

Suite, Apt. #, Etc.

800055546078

06/01/05 01006 011 **450 00

City

Lake Worth

State

FL

Zip Code

33463

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

Lawrence Fallo

REGISTERED AGENT MUST SIGN

Date

5/18/05

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
P	Lawrence Fallo	4604 Suburban Pines Dr	Lake Worth FL 33463

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

Lawrence Fallo

Date

5/18/05

Daytime Phone #

561-433-9400

CR2E081 (01/05)

EXPRESS SAME DAY DELIVERY, INC.
P.O. Box 541415
Lake Worth FL 33454

May 18, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Document No. P02000045685
FEI No. 68-0518019
Application for Reinstatement

To Whom It May Concern:

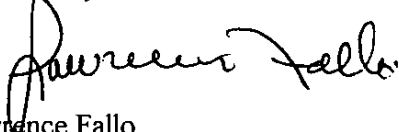
I have recently retained the services of a Certified Public Accountant who discovered that my corporation is inactive, apparently due to the annual report not being filed.

I have never received any notices about filing an annual report, nor have I received any notices that my corporation had been dissolved. In fact, I have not received anything since I first incorporated in 2002, and did not know I had to do anything else. I experienced health problems and moved locations twice during that time, and cannot otherwise explain why I never heard from the state.

Attached is a reinstatement form and filing fees for 2003, 2004 and 2005.

Your assistance and understanding regarding this matter is truly appreciated.

Respectfully,

A handwritten signature in black ink, appearing to read "Lawrence Fallo", written over a horizontal line.

Lawrence Fallo
President