

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 OCT 25 PM 2:36

DOCUMENT #P02000087208

1. Corporation Name

GREATNET EXPRESS INC.

2. Principal Office Address - No P.O. Box #

1876 NE 53rd St

3. Mailing Office Address

Same as principal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach/Florida

City & State

Zip

33064

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/09/2002

5. FEI Number

42-1545764

☐ 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

Lauro B Freitas

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

1876 NE 53rd St

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

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 09/26/2011

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
PC	Lauro B Freitas	1876 NE 53rd St	Pompano Beach/FL/33064
VD	Maria Freitas	1876 NE 53rd St	Pompano Beach/FL/33064
TMD	Achilles De Leao	1876 NE 53rd St	Pompano Beach/FL/33064

REINSTATEMENT

2009-11

1050.00

2010/26

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

09/26/2011

(754)366-2866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #