


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**06 AR**

 **FLORIDA DEPARTMENT OF STATE**

Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000125274**

1. Corporation Name

**D.B.S. EXPRESS, INC.**

Principal Place of Business

Mailing Address

**9270 SW 38 ST 10028 NW 41 ST**  
**MIAMI FL 33165 Doral - Fl 33178**

**9270 SW 38 ST 10028 NW 41 ST**  
**MIAMI FL 33165 Doral - Fl 33178**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**11-25-2002**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

**550807252**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	TREJOS, DAVID	<del>9270 SW 38 ST</del> 10028 NW 41 ST	MIAMI FL 33165 Doral - Fl 33178

*Signature*

**300070813723**  
04/18/08--01043--010 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>TREJOS, DAVID</b> <b>9270 SW 38 ST 10028 NW 41 ST</b> <b>MIAMI FL 33165 Doral - Fl 33178</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*No Change.*

Date

REGISTERED AGENT MUST SIGN

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., 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

**03-11-06**

Date

Daytime Phone #

CR2E040 (7/03)