


2006 FOR PROFIT CORPORATION REINSTATEMENT

| | | | |
|---|---|--|--|
| DOCUMENT # P03000046430 1. Entity Name EDGAR EXPRESS CORPORATION | |  | FILED 06 AUG 24 2006 1:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Principal Place of Business [REDACTED] | | Mailing Address [REDACTED] | |
| 2. Principal Place of Business 25001 SW 127 AVE Suite, Apt. #, etc. 202 City & State Princeton, FL Zip 33032 Country USA | | 3. Mailing Address 25001 SW 127 AVE Suite, Apt. #, etc. 202 City & State Princeton, FL Zip 33032 Country USA | |
| 4. FEI Number 65-1184855 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MEDINA, NESTOR JR. [REDACTED] | | 7. Name and Address of New Registered Agent Name Medina, Nestor JR. Street Address (P.O. Box Number is Not Acceptable) 25001 SW 127 AVE # 202 City Homestead FL Zip Code 33032 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent. SIGNATURE: <i>Nestor Medina</i> (NOTE: Registered Agent signature required when reinstating) DATE: 8/17/06 | | | |
| FILE NOW!!! FEE IS \$300.00 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD MEDINA, NESTOR JR. <input type="checkbox"/> Delete [REDACTED] <i>> change Address</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 25001 SW 127 Avenue #202 Homestead, FL 33032 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D Guerra, Edgar J. <input type="checkbox"/> Delete 25001 SW 127 Avenue Homestead, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition # 202 33032 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100079213971 08/29/06--01018--005 **308.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with other like empowered. | | | |
| SIGNATURE: <i>Nestor Medina</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 8/17/06 DATE | N/A JUSTICE PHONE # |

[Handwritten initials]

REINSTATEMENT 05-06
 08152008 REIN-P CR2E098 (1/705)