

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 17 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT  
007/2004 REIN-PAY CR2E098 (6/04)

FET Number  
80-0074018

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

GOMEZ, JACKIE  
8010 SW 97 AVE  
MIAMI, FL 33173

Name  
ANGEL J. GOMEZ  
Street Address (P.O. Box Number is Not Acceptable)  
8010 SW 97 Ave  
City  
Miami FL Zip Code  
33173

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 registered agent.

SIGNATURE:

(NOTE: Registered Agent signature required when reinstating)

DATE  
10/7/04

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOMEZ, JACKIE 8010 SW 97 AVE MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300043301863 12/09/04--01034--010 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.D ANGEL J. GOMEZ 8010 SW 97 AVE Miami FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE:

DATE  
10/7/04

DAYTIME PHONE #

1 of 2

B

20f2

TERMINATOR EXPRESS CORP.  
8010 SW 97 AVE  
MIAMI, FL 33173

Thursday, October 07, 2004

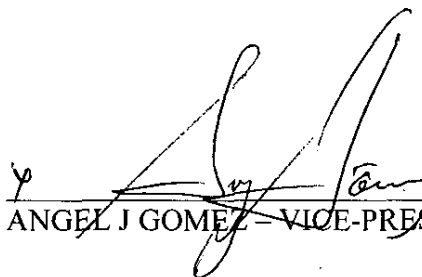
DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
PO BOX 1500  
TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT #P03000088712

We are filing to pay the annual report for our FOR-profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally filed late because we never received any correspondence from your department by the post office. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$150.00 covering the 2004 filing. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.

  
ANGEL J GOMEZ - VICE-PRESIDENT