

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000101385	
1. Entity Name AVALANCHE EXPRESS, INC.	

Principal Place of Business 106 CRYSTAL VIEW E SANFORD, FL 32773	Mailing Address 106 CRYSTAL VIEW E SANFORD, FL 32773
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

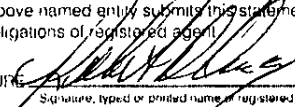
04122011 REIN-P CR2E098 (1/07)

4. FFI Number 80-0081889	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OWEN, ROBERT D II 106 CRYSTAL VIEW EAST SANFORD, FL 32773	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 	DATE

FILE NOW!!! FEE IS \$900.00	
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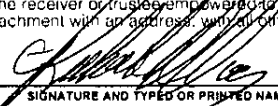
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D OWEN, ROBERT D II 106 CRYSTAL VIEW EAST SANFORD, FL 32773	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
AS OWEN, CRESIA A 106 CRYSTAL VIEW EAST SANFORD, FL 32773	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

100201516421
04/13/11--01001--003 **900.00

REINSTATEMENT

10-11

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 all other like empowered.	
SIGNATURE: 	DATE

FILED
11 APR 12 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

