

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000053831

1. Entity Name
FOCUS EXPRESS, INC.



FILED

09 APR 30 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
544 CHESTNUT CT.
DELTONA, FL 32725 US

Mailing Address
544 CHESTNUT CT.
DELTONA, FL 32725 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04132009 REIN-P CR2E098 (1/07)

4. FEI Number
20-2668144

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PICKETT, CHARLIE
544 CHESTNUT CT.
DELTONA, FL 32725

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____

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 | P,VP PICKETT, CHARLIE 544 CHESTNUT CT. DELTONA, FL 32725 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 900154370959 04/30/09--01022--010 **300.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S,TR PICKETT, CHARLIE 544 CHESTNUT CT. DELTONA, FL 32725 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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REINSTATEMENT

RH

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: *Charlie C. Pickett* 26 Apr 09