

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB 12 PH 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400113600844

02/12/08--01015--024 **850.00

**COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000071054

1. Limited Liability Company's Name

Kangaroo Express, Inc.

2. Principal Office Address - No P.O. Box #

1801 Douglas Drive

Suite, Apt. #, etc.

City & State

Sanford, NC

Zip
27330

Country
USA

3. Mailing Office Address

PO Box 1410

Suite, Apt. #, etc.

City & State

Sanford, NC

Zip
27331

Country
USA

REINSTATEMENT 06-28

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Marie Edwards

Marie Edwards Asst. Secretary

Date **12/21/07**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	Peter Sodini	1801 Douglas Drive	Sanford/NC/27330
CFO	Frank Paci	1801 Douglas Drive	Sanford/NC/27330
SEC	Frank Paci	1801 Douglas Drive	Sanford/NC/27330

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Date **12/28/07**

Daytime Phone # **919.566.1392**

Typed or printed name of signing Managing Member/Manager

Peter J. Sodini

B. Mitchell FEB 12 2008