

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT 09 APR 27 AM 8: 13 **DIVISION OF CORPORATIONS** DOCUMENT # P06000006045 1. Corporation Name BJ EXPRESS CORP 04/27/09--01/32--018 \*\*450.00 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # REINSTATEMENT 07-09KS 18090 COLLINS AVE Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified T-17 P-125 1/12/2006 To Do Business in Florida City & State City & State 5. FEI Number 20-4126245 Applied For SUNNY ISLES BEACH Not Applicable Country \$8.75 Additional Fee required MIAMI DADE CERTIFICATE OF STATUS DESIRED 33160-1917 for a Certificate of Status 7. Name and Address of Current Registered Agent ☐ The reinstatement fee is imposed, except in **BERNARD HACKER** circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) 18090 COLLINS AVE the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. T-17 P-125 received and requesting the reinstatement fee be waived. State Zip Code SUNNY ISLES BEACH 33160-1917 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Date 3/25/2009 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Titles City / State / Zip Officers and/or Directors Officer and/or Director SUNNY ISLES BEACH FL 33160 BERNARD HACKER 18090 COLLINS AVE T-17 P-125

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE

BERNARD HACKER
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-2009

305-677-2651

Date

Daytime Phone #

## BJ Express, Corp. 18090 Collins Ave, T-17, P-125 Sunny Isles Beach, FL 33160-1917

March 25, 2009

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: P06000006045

Dear Sir or Madam:

We are enclosing the Uniform Business Report for the above corporations with a check for \$450.00. We were not aware we had to pay this fee until this year because we never received the notices. Our intention has never been to avoid paying the appropriate fees, but unfortunately, this has been a learning process.

Please accept our check and payment for \$450.00 and consider not penalizing us. We truly appreciate your cooperation and consideration.

Sincerely,

Bernard Hacker, President

BJ Express Corp.