


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 OCT 20 AM 11:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA 400137071754 10/20/08--01045--010 **300.00 REINSTATEMENT 07-08 CR2E081 (10/08)																													
DOCUMENT # P06000125968 1. Corporation Name <p style="text-align: center;">ZITO EXPRESS, INC.</p>																																	
2. Principal Office Address - No P.O. Box # 4102 N.W. 73rd WAY Suite, Apt. #, etc.		3. Mailing Office Address 4102 N.W. 73rd WAY Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida																													
City & State CORAL SPRINGS, FL Zip 33065 Country BROWARD		City & State CORAL SPRINGS, FL Zip 33065 Country BROWARD		5. FEI Number Applied For Not Applicable																													
7. Name and Address of Current Registered Agent Name JAY ZITO Street Address (P.O. Box Number is Not Acceptable) 4102 N.W. 73rd WAY Suite, Apt. #, Etc. City CORAL SPRINGS, State FL Zip Code 33065				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> §276 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> The 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 reinstatement fee be waived.																													
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 Registered Agent _____ Date _____ <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PSTD</td> <td>JAY ZITO</td> <td>4102 N.W. 73rd WAY</td> <td>CORAL SPRINGS, FL 33065</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PSTD	JAY ZITO	4102 N.W. 73rd WAY	CORAL SPRINGS, FL 33065																				
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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 filing 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: <u>JAY ZITO</u> <u>17 Oct 2008</u> <u>954-347-7460</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	

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