

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 MAR 19 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P08000086 221

1. Corporation Name

MILAN EXPRESS, INC.

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

8550 TOUCHTON RD

Suite, Apt. #, etc.

726

3. Mailing Office Address

8550 TOUCHTON RD

Suite, Apt. #, etc.

726

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32216

Country

Zip

32216

Country

10-12

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

9/19/2008

5. FEI Number

26-3388746

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MILAN VRTACA

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

8550 TOUCHTON ROAD

Suite, Apt. #, Etc.

726

City

JACKSONVILLE

State

FL

Zip Code

32216

100225168911

03/19/12--01004--024 \*\*1050.00

**REINSTATEMENT**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 3-19-2012

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MILAN VRTACA	8550 TOUCHTON RD 726	JACKSONVILLE, FL

MAR 19 2012

S. PRATHER

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-2012

Date

Daytime Phone #