

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P110050807

1. Corporation Name

F&Y EXPRESS CORP.

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

8949 SW 172nd Ave

Suite, Apt. #, etc.

1534

City & State

Miami, FL

Zip

33196

Country

USA

3. Mailing Office Address

8949 SW 172nd Ave

Suite, Apt. #, etc.

1534

City & State

Miami, FL

Zip

33196

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/28/2011

5. FEI Number

45-2416442

☐ 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

Fernando Molina

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

8949 SW 172nd Ave

Suite, Apt. #, Etc.

1534

City

Miami

State

FL

Zip Code

33196

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

REGISTERED AGENT MUST SIGN

Date **10/30/2018**

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	Fernando Molina	8949 SW 172nd Ave Apt 1534	Miami, FL 33196

REINSTATEMENT

NOV 01 2018

R-HUNT

10. E-mail Address: **Fernandomolina05@gmail.com**

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/2018

Date

Daytime Phone #

305-934-3944