PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 APR 26 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # P16000009099

1. Corporation Name
RLC EXPRESS CORP

2. Principal Office Address - No P O Box #	3. Mailing Office Address
3216 11TH ST SW	3216 11TH ST SW
Suite, Apt #, etc	Suite, Apt #, etc
City & State: LEHIGH ACRES, FL	City & State: LEHIGH ACRES, FL
Zip: 33976 Country: US	Zip: 33976 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 1/25/2016

5. FEI Number: 81-1362573 ☐ 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: ROLANDO LOPEZ-CRESPO

Street Address (P O Box Number is Not Acceptable): 3216 11TH ST SW

Suite, Apt #, Etc

City: LEHIGH State: FL Zip Code: 33976

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 0505, F S

Signature of Registered Agent: Rolando Lopez Crespo Date: 1/29/2021
REGISTERED AGENT MUST SIGN

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	ROLANDO LOPEZ-CRESPO	3216 11TH ST SW	LEHIGH ACRES, FL 33976
		19-21	
		dcc 6/8	

10. **E-mail Address:** a1stopcarrierservicesinc@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 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: Rolando Lopez Crespo 1/29/2021 954-284-4960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #