PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 MAY -4 PM 12:07

DOCUMENT # P20000090946

1. Corporation Name

Blessed route EXPRESS INC

400387197594
05/04/22--01014--001 **300.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2424 W Brandon Blvd	2424 W Brandon Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1211	1211
City & State	City & State
Brandon FL	Brandon FL
Zip / Country	Zip / Country
33511 / USA	33511 / USA

4. Date Incorporated or Qualified To Do Business in Florida 4/12/22

5. FEI Number 86-1399962 ☐ 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: Travis D Wiggins Jr

Street Address (P.O. Box Number is Not Acceptable): 2424 W Brandon Blvd

Suite, Apt. #, Etc.: 1211

City: Brandon | State: FL | Zip Code: 33511

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] Date: 4/25/22

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	Travis D Wiggins Jr	2424 W Brandon Blvd	Brandon FL 33511
	REINSTATEMENT		MAY 4 2022 R. HUNT

10. E-mail Address: blessedroute express 20@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: [signature] 4/25/22 813-525-0814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/27/22 NOTES DETAIL SCREEN 12:34 PM
CORP NUMBER: P20000090946 CORP NAME: BLESSED ROUTE EXPRESS INC

ACCEPT REIN $300.00. SEE RV OR LY 4/22/2022

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS, 5. TOP, 6. NAMES

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