

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 17 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **993000075931**

1. Corporation Name

EXPRESS CENTER OF BUSCH BOULEVARD, INC.

2. Principal Office Address

602 GAY ROAD

Suite, Apt. #, etc.

City & State

SEFFNER, FL

Zip

33584

Country

U.S.

3. Mailing Office Address

602 GAY ROAD

Suite, Apt. #, etc.

City & State

SEFFNER, FL

Zip

33584

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650452301

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

EDWIN J. BRADLEY

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

5937 JAEGERGLEN DRIVE

Suite, Apt. #, Etc.

City

LITHIA

State

FL

Zip Code

33547

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 **12-11-01**

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
DST	EDWIN J. BRADLEY	5937 JAEGERGLEN DR.	LITHIA, FL. 33547
DP	T. LAYNE WILLIAMS	602 GAY ROAD	SEFFNER, FL. 33584

4000004746494

-01/02/02--01024--003

****300.00 ****300.00

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 under section 119.07(3)(i), 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:

[Signature] **EDWIN J. BRADLEY**

Date

12-11-01

Daytime Phone #

813-657-7608