

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

99 JAN -7 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012934

1. Corporation Name

D. S. EXPRESS INT'L INC.

Principal Place of Business

2595 NW 37TH STREET
MIAMI FL 33142

Mailing Address

2595 NW 37TH STREET
MIAMI FL 33142



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/1994

5. FEI Number

65-0500948

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	DANIELS, SERGIO	1500 BAY RD., APT. 775	MIAMI BEACH FL 33139

0000002743330--9

-01/15/99--01019--019

****150.00 ****150.00

2/15/99
1/17/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THILEM, PAUL
18984 W. DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

②

PAUL THILEM & COMPANY
6554 NW 43 Court
Coral Springs, FL 33067
Tel. (954) 255-5435
Fax. (954) 255-0299

January 4, 1999

Florida Department of State
Division of Corporations

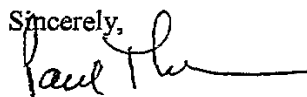
Re: D.S. Express International, Inc.

Dear Sir,

Please find enclosed check number 3653 for 150.00 which represents the original application fee. My client never received the original application. His warehouse is off the regular delivery path, therefore he has great difficulty getting his appropriate mail. All mail is delivered to a central location and is frequently mixed up and undelivered to the appropriate party.

We truly hope that you will accept the original fee as we had all intentions of keeping this corporation alive for many years

Sincerely,



Paul Thilem
Accountant