

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089887

1. Corporation Name HURRICANE EXPRESS DELIVERY SERVICE, INC.

FILED

98 DEC 11 PM 3:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
9042 SW 142 Ave, #203
MIAMI, FL 33186

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		4. Date Incorporated or Qualified To Do Business in Florida 12-12-94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0880240	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
President	THOMAS D. WALLACE	9042 SW 142 Ave, #203	Miami, Fl. 33186		
SEC	ELSIE K. HAMLER	10620 SW 149 Street	Miami, Fl. 33176		
TREAS	THOMAS D. WALLACE	9042 SW 142 Ave, #203	Miami, Fl. 33186		
				600002713016--4	
				-12/15/98--01065--001	
				***1050.00 ***1050.00	

8. Name and Address of Current Registered Agent THOMAS D. WALLACE 9042 SW 142 Ave, #203 Miami, Fl. 33186			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
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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: *Thomas D. Wallace* Date: 12/10/98
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: *Thomas D. Wallace* Date: 12/10/98 Daytime Phone #: 305-438-1880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR