

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
REINSTATEMENT



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

DOCUMENT # **P95000008492**

1. Corporation Name

MODEL CITY EXPRESS, INC.

96 OCT -2 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13014 N DALE MABRY HWY
SUITE 220
TAMPA FL 33618

13014 N DALE MABRY HWY
SUITE 220
TAMPA FL 33618



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

02/01/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3291773

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
P	JAMES S. ALLEY, SR.	615 COOKS VALLEY RD.	KINGSPORT, TN 37664
S	JAMES S. ALLEY, JR.	4400 WILLMARY DR.	KINGSPORT, TN 37664

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOSS, MARVIN I
4851 SHERIDAN ST
SUITE 300
HOLLYWOOD FL 33021

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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.

JIM ALLEY, SR. PRESIDENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/96

Date

423-288-4450

Daytime Phone #

CR2040 (7/96)

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MODEL CITY EXPRESS, INC.

**P.O. Drawer 3530
Kingsport, TN 37664**

Ph 423-288-4450

Fax 423-288-4018

September 24, 1996

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Telephone conversations with your division on this date

Please be advised that we were told by this division that our \$200. check had been returned due to some administrative error on the part of this company. However, we have never received any return checks from the State of Florida.

Therefore, we have been instructed to send in the reinstatement form plus 225.00 because of this error in the mail system, as our Corp. report was filed on time.

Please find the required documents and check enclosed.

Thank you.

MODEL CITY EXPRESS, INC.


Jim Alley, Sr.,
President
encl: