

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -5 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000017309

1. Corporation Name

Express Records Distributors, Inc.

2. Principal Office Address - No P.O. Box #

225 NW 92 STREET

Suite, Apt. #, etc

City & State

Miami Shore, FL

Zip

33150

Country

USA

3. Mailing Office Address

843 Jersey Avenue

Suite, Apt. #, etc

City & State

Elizabeth, NJ

Zip

07202

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1995

5. FEI Number

65-0619100

☒ 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

Luiz Carlos Benedetti

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

225 NW 92 STREET

Suite, Apt. #, Etc.

City

Miami Shore

State

FL

Zip Code

33150

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **03-28-2010**

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
Pres	Luiz C. Benedetti	225 NW 92 STREET	Miami Shore, FL 33150

10. E-mail Address: **benedetti@verizon.net**

(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. 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 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.

SIGNATURE:

LUIZ CARLOS BENEDITTI

03/28/2010 (786) 303-1131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Handwritten initials