

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR **96**  
REINSTATEMENT



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

DOCUMENT # **P95000034247**

1. Corporation Name

**VANESSA EXPRESS CORP.**

96 DEC -5 PH 3: 59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**

Principal Place of Business

Mailing Address

4200 N.W. 79TH AVE #1-B  
MIAMI FL 33166

4200 N.W. 79TH AVE #1-B  
MIAMI FL 33166

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

9999 N.W. 89th AVE. #22

4. Date Incorporated or Qualified  
To Do Business in Florida

04/27/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0579197

Applied For

Not Applicable

City & State

City & State

Medley, Fl. 33178

Zip

Country

Zip

33178

Country

DADE

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)

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
PTE.	FELIX CRUZ	4170 NW. 8th AVE. #2-A	MIAMI SPRINGS, FL. 33166

700002022237--5  
-12/06/96--01057--020  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRUZ, FELIX

4200 N.W. 79TH AVE #1-B  
MIAMI FL 33166

NEW ADDRESS: 4170 NW. 79th Ave. Ap. #2-A  
MIAMI FL. 33166-6555

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]* **SIGNATURE REQUIRED**

Date 10-02-96

REGISTERED AGENT MUST SIGN

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)(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]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-02-96

(305) 888-1183

Date

Daytime Phone #