

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 10 AM 8:00

DOCUMENT # **995000097719**

1. Corporation Name

SILVER STAR EXPRESS, INC.

REINSTATEMENT **03-04**
MRD

2. Principal Office Address

3026 N. COMMERCE PKW

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip

33025

Country

3. Mailing Office Address

104 SUNFIELD AVE

Suite, Apt. #, etc.

City & State

EDISON NJ

Zip

08137

Country

1

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 1994

5. FEI Number

65-0618303

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

300034525103
04/29/04--01010--003 **750.00

7. Name and Address of Current Registered Agent

Name

CSC

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

1101 HAYES ST.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

300034525103
05/10/04--01093--012 **158 75

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

Georgia Byron
REGISTERED AGENT MUST SIGN

Date **4-19-04**

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 | MICHAEL BROOKS | 3026 N. COMMERCE PKW. | MIRAMAR, FL. 33025 |
| TREAS | MARTIN GALINSKI | 3026 N. COMMERCE PKW | MIRAMAR, FL. 33025 |
| SEC | MARK CARLESIMO | 80 WESLEY ST. | SO. HACKENSACK NJ 07601 |
| VP | RUSSELL REARDON | 80 WESLEY ST | SO. HACKENSACK NJ 07601 |
| ASST TREAS | JAMES COSENTINO | 80 WESLEY ST. | SO. HACKENSACK NJ 07601 |

10. 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:

James Cosentino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Cosentino

Date

Daytime Phone #

4/21/04 732 2256100

CR2E081 (10/02)