Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

SILVER STAR EXPRESS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00

Susan 2956

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 MAY -5 PM 6:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E061 (12/08)

DOCUMENT # P95000057719

1. Corporation Name

Silver Star Express, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3026 N COMMERCE PKWY	One Morningside Drive N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, FL	City & State: Westport, CT
Zip: 33025 Country: USA	Zip: 06880 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/26/1995

5. FEI Number: 650618303 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, etc.

City: Tallahassee State: FL Zip Code: 32301

☐ 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: Sue G. Knight ~~as its agent~~ Date: 5-5-09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Jeffrey Hendrickson	One Morningside Drive N.	Westport, CT 06880
VP	James Lindvall	One Morningside Drive N.	Westport, CT 06880
Sec	Mark Carlesimo	One Morningside Drive N.	Westport, CT 06880
DIR	Edward W. Stone	One Morningside Drive N.	Westport, CT 06880

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 contained in Chapter 119, 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: Mark T Carlesimo 04/29/09

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #