

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**  FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **99500009737Le**
1. Corporation Name
AmRac Express, Inc.

Principal Place of Business Mailing Address
5153 Lenox Avenue Jacksonville, FL 32205 **7268 Mimosa Grove Trail Jacksonville, FL 32210**
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
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country **USA** Zip Country **USA**

FILED
FEB - 3 PM 1:59
TALLAHASSEE, FLORIDA
REINSTATEMENT **90-99**
12-19-95
5. FEI Number **59-3468639** Applied For Not Applicable
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/T	Gloria Dalton	7268 Mimosa Grove Trail	Jax FL 32210
S/	Mary Nolan	8220 Osteen Street	Jax FL 32210
V	James Weltzbarker	8426 McGlothlin Street	Jax FL 32210
V/M	William Weltzbarker	7268 Mimosa Grove Trail	Jax FL 32210

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8. Name and Address of Current Registered Agent
Gloria Dalton
7268 Mimosa Grove Trail
Jacksonville, FL 32210

9. Name and Address of New Registered Agent
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 **Gloria Dalton** REGISTERED AGENT MUST SIGN Date **1/29/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: **Gloria Dalton** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **1/29/99** Daytime Phone # **904-781-6766**

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