

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000036641

1. Corporation Name

EXPEDITER ASSOCIATION SERVICES, INC.

Principal Place of Business

Mailing Address

2343 N.W. 34 WAY
COCONUT CREEK FL 33066
US

2343 N.W. 34 WAY
COCONUT CREEK FL 33066
US

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

Zip

Country

REINSTATEMENT

4. Date incorporated or Qualified To Do Business in Florida

04/24/1996

5. FEI Number

65-0669449

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	City / State / Zip
D	BOSWORTH, EARL F IV	2343 N.W. 34 WAY	COCONUT CREEK FL 33066
D	BOSWORTH, LISA I	2343 NW 34 WAY	COCONUT CREEK FL 33066
			500004679185--6 -11/14/01--01081--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOYD, J. CURTIS ESQ.
117 S. 2ND STREET
FT. PIERCE FL 34950

Name Earl F. Bosworth
Street Address (P.O. Box Number is Not Acceptable)
2343 NW 34 Way
Suite, Apt. #, Etc.
City Coconut Creek
State FL Zip Code 33066

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 of Registered Agent

Date 10/22/01

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 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 of Signing Officer or Director

Date 10/22/01 (954) 970-4571

Daytime Phone #