

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 30 PM 4:22

DOCUMENT # P96000069203

1. Corporation Name

PEOPLE EXPRESS USA, INC

2. Principal Office Address

5728 MAJOR BLVD #263

Suite, Apt. #, etc.

#263

City & State

ORLANDO

Zip

32819

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

593395687

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LENISE DE CARVALHO

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

5728 MAJOR BLVD

Suite, Apt. #, Etc.

263

City

ORLANDO

State

FL

Zip Code

32819

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Jan 30th, 2003

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
D	LENISE DE CARVALHO	5728 MAJOR BLVD #263	ORLANDO, FL 32819

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Jan 30th, 2003 407-468-8454

Daytime Phone #

CR2E081 (9/01)