

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

AND
FILED

98 OCT 22 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080305

1. Corporation Name

P.O. EXPRESS AMERICA, INC.

Mailing Address

P.O. Box 144479
Coral Gables, FL 33114

Principal Place of Business

343 Almeria Avenue
Coral Gables, FL 33134

REINSTATEMENT

97-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
200 S. Biscayne Blvd.

Suite, Apt. #, etc.
Suite 4815

City & State
Miami, FL

Zip
33131

Country
USA

3. New Principal Office Address, If Applicable
200 S. Biscayne Blvd.

Suite, Apt. #, etc.
Suite 4815

City & State
Miami, FL

Zip
33131

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida
December 9, 1996

5. FEI Number
65-0706487

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P/T	Marino Hernandez	Avenida Pedro Enriquez Urena	26, Santo Domingo, Republica Dominicana
D/VP/S	Westfalla Portes	Avenida Pedro Enriquez Urena	26, Santo Domingo, RD
			600002673176--4
			-10/27/98--01033--008
			900.00
			10/22

8. Name and Address of Current Registered Agent

~~Amerilawyers Chartered~~
~~343 Almeria Avenue~~
~~Coral Gables, FL 33134~~

9. Name and Address of New Registered Agent

Name
Piero Salussolia
Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd.
Suite, Apt. #, Etc.
Suite 4815
City
Miami
State
FL
Zip Code
33131

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

REGISTERED AGENT MUST SIGN
Piero Salussolia

Date 10/20/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Antonio Gennari, Director 10/20/98 (305) 373-7016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #