

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JUN -8 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000083496

1. Corporation Name

MANRAY Express Freight Systems, Inc.  
1895 IXORA Rd  
N Miami, FL 33181

2. Principal Office Address

SAME  
Suite, Apt. #, etc.

3. Mailing Office Address

SAME  
Suite, Apt. #, etc.

City & State

North Miami FL

City & State

North Miami FL

Zip

33181 USA

Zip

33181 USA

2000-2001 UBR

4. Date Incorporated or Qualified  
To Do Business in Florida

10/96

5. FEI Number

65-0702704

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

Robert E. Hamer Jr.

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

1895 IXORA Rd

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33181

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

Robert E. Hamer Jr.

REGISTERED AGENT MUST SIGN

Date

6/5/01

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
Pres	DIANA HAMER	1895 IXORA Rd	North Miami, FL 33181
V Pres	Robert E. Hamer Jr	1895 IXORA Rd	North Miami FL 33181

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

Date

6/7/01 305 893-8700

Daytime Phone #

CR2E081 (9/99)



1895 Ixora Road, North Miami, Florida 33181 • manrayexpress.com  
Office: (305) 893-8700 • E-mail: manray202@msn.com • Fax: (305) 893-2700

Wednesday, June 06, 2001

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

We were recently advised that we had not filed our corporate papers with you for last year (1999). We were told that the application had been returned to you as "address forwarding expired", and to send you a check for Three Hundred Dollars to cover last year and this year, plus \$8.75 for the Certificate of Status.

Please accept our apologies for the error and accept our check to make us current.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert E Hamer Jr", with a long horizontal flourish extending to the right.

Robert E Hamer Jr  
Registered Agent