

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED pg. 1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

98 FEB 10 AM 10:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000090473**

1. Corporation Name

CELFER EXPRESS COMPANY

97-98 AR

Principal Place of Business
7250 WESTPOINTE BLVD 1013
ORLANDO FL 32835

Mailing Address
7250 WESTPOINTE BLVD 1013
ORLANDO FL 32835

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		4. Date Incorporated or Qualified To Do Business in Florida 10/31/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3416389	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
OPVT	SIMÕES, FERNANDO S	7250 WESTPOINTE BLVD #1013	ORLANDO FL 32835
			400002429074--0 -02/12/98--01081--001 ****330.00 ****330.00
			400002429074--0 -02/12/98--01081--001 ****330.00 ****315.00

A. Alar
 2/10/98

8. Name and Address of Current Registered Agent SIMÕES, FERNANDO S 7250 WESTPOINTE BLVD #1013 ORLANDO FL 32835		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	
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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]*
 REGISTERED AGENT MUST SIGN

Date **02/10/1998**

11. 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.)

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: *[Signature]* **FERNANDO SANTOS SIMÕES** 02/10/1998 (402) 5224939
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (12/96)

pg. 2 of 2

CELFER EXPRESS COMPANY

**7250 WESTPOINTE BLVD # 1013, ORLANDO FL ZIP 32835
TEL 407 522-4939 FAX 407 522-4940**

FEBRUARY 02 , 1998

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

**DEAR SIR, ON NOVEMBER 24, 1997 I SENT A LETTER TO YOUR OFFICE
EXPLAINING WHY I DID NOT PAY THE FEE ON THE ANNUAL REPORT. AGAIN
I WILL EXPLAIN.**

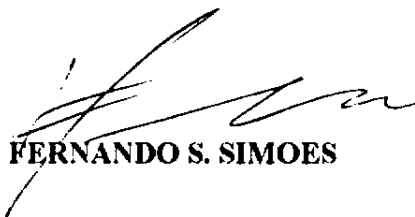
**I WAS NOT CONTACTED BY YOUR OFFICE AS TO THE FEE. IF I HAD
BEEN, THE FEE WOULD HAVE BEEN PAID IN A TIMELY MANNER. THE ONLY
CORRESPONDENCE FROM YOUR OFFICE WAS ON NOVEMBER 23, 1997. ALSO
MY LETTER OF NOVEMBER 24 WAS NOT ANSWERED.**

**PLEASE GIVE ME THE OPPORTUNITY TO PAY THE FEE WITHOUT
PENALTY. I UNDERSTAND THESE FEES ARE NEEDED TO MAINTAIN MY
BUINESS BUT FEEL IT UNJUST TO BE CHARGED A LATE FEE FOR NOT BEING
CONTACTED BY YOUR OFFICE.**

**ENCLOSED PLEASE FIND A CHECK TO COVER FEES FOR 1997 AND
1998.**

**THANK YOU FOR YOUR ATTENTION AND UNDERSTANDING IN THIS
MATTER.**

SINCERELY


FERNANDO S. SIMOES