

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 997000069327

1. Corporation Name

L & S Express, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -4 AM 8:33

Principal Place of Business

Mailing Address

10255 GENERAL DRIVE
ORLANDO FL 32824

PO BOX 771513
ORLANDO FL 32877

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

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-11-97

5. FEI Number

69-3529211

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
pres up SA, TRS	STEPHEN COSPITO	10255 GENERAL DRIVE ORLANDO FL	ORLANDO, FL
			7000003426857--6 -10/17/00--01009--008 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Stephen Cospito

Name

SAME

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

10255 GENERAL DRIVE

Suite, Apt. #, Etc.

City

State

Zip Code

ORLANDO, FL 32824

FL

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

Date 10/3/2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/2000

Date

4078564368

Daytime Phone #

CR2E081 (12/98)