
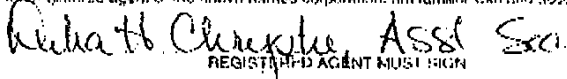
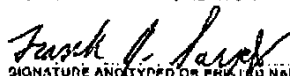


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FAX AUDIT NO. H99000007656 4 99 MAR 31 PM 12:42 DIVISION OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000080943					
1. Corporation Name J and L Express, Inc.					
Principal Place of Business			Mailing Address		
3333 Southwest 15 Street Deerfield Beach, FL 33442					
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 Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
3333 S.W. 15 Street				9/18/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FE# Number	
				65-0788102	
City & State		City & State		Applied For	
Deerfield Beach, FL				Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
33442		USA		<input checked="" 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		
P/D	Robert V. Cook	3333 S.W. 15th Street	Deerfield Beach, FL 33442		
D	Paul R. Johnson	3333 S.W. 15th Street	Deerfield Beach, FL 33442		
VP	Frank A. Gonzalez	3333 S.W. 15th Street	Deerfield Beach, FL 33442		
S/T	Donald L. Turney	3333 S.W. 15th Street	Deerfield Beach, FL 33442		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
PREPARED BY: Gerald W. Gritter, Esquire 100 N.E. 3 Ave., #1100 Ft. Laud., FL 33301 (954) 462-3300 - Fla. Bar 282170			Name: EMO Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 100 Northeast Third Avenue Suite, Apt. #, etc. Suite 1100 City Fort Lauderdale State FL Zip Code 33301		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0805, F.S.					
Signature of Registered Agent			Date		
 REGISTERED AGENT MUST SIGN			3/31/99		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
12. 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 hereby release the Division of Corporations from any liability of non-compliance with Section 119.077 (b)(6) in the event that the information supplied is determined to be incorrect. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporation carries sufficient net assets of section 607.0801 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: 			Date: 3/31/99 (877) 546-5678		
SIGNATURE AND TYPED OR PRINTED NAME OF REMAINING OFFICER OR DIRECTOR			FAX AUDIT NO.: H99000007656 4		
			3/31/99		