

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000087925**

1. Corporation Name.

ALLIANCE EXPRESS INC.

02 JAN -7 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

14319 BENDING BRANCH CT.
ORLANDO FL 32824

Mailing Address

14319 BENDING BRANCH CT.
ORLANDO FL 32824



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

10/07/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3477083

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | DE FALCO, JUAN J | 14319 BENDING BRANCH CT. | ORLANDO FL 32824 |
| D | ROSA, LEONOR C | 14319 BENDING BRANCH CT. | ORLANDO FL 32824 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE FALCO, JUAN J
14319 BENDING BRANCH CT.
ORLANDO FL 32824

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/01)

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

01/02/02

11. 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

Daytime Phone #

JUAN JOSE DE FALCO

01/02/02 407 251 1188

December 28, 2001

2052

Dear Sir / Madam,

We are currently in receipt of your letter dated 11-28-01. In your letter you mention a letter that you mailed out on 6-19-01. We have never received this letter nor do we know the contents of it.

We are resending this letter + reinstatement notice signed by an officer back to you for review.

Thank you once again for your assistance. We will be awaiting your response.

Sincerely,

JOE DE FALCO