

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000090696

1. Corporation Name

D & A EXPRESS, INC.

99 OCT 20 PM 1:11

Principal Place of Business

1500 NORTHWEST 113 WAY
PEMBROKE PINES FL 33026

Mailing Address

1500 NORTHWEST 113 WAY
PEMBROKE PINES FL 33026

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1997

5. FEI Number

65-0789286

Applied For

Not Applicable

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	DWOSKIN, DAN L	1500 NORTHWEST 113 WAY	PEMBROKE PINES FL 33026
STD	ALEXANDROFF, ALEXANDER A - WIFE OK	1500 NORTHWEST 113 WAY	PEMBROKE PINES FL 33026

100003027171-1

-10/27/99--01106--015

***750.00 ***750.00

10/10/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER - ~~300 N.W. 113th Way~~
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
DAN DWOSKIN
Street Address (P.O. Box Number is Not Acceptable)
1500 N.W. 113th Way
Suite, Apt. #, Etc.

City
Pembroke Pines
State
FL
Zip Code
33026

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 10/16/99

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/99 (954) 438-8853
Date Daytime Phone #

CR2500 (8/99)