

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

00 MAY -8 PM 2:08

DOCUMENT # P98000008901

1. Corporation Name

B & D EXPRESS, INC.

Principal Place of Business

Mailing Address

5525 FORCE FOUR PARKWAY  
ORLANDO FL 32839

5525 FORCE FOUR PARKWAY  
ORLANDO FL 32839



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

REINSTATEMENT 99-00

2. New Principal Office Address, If Applicable

10247 COMFORT CIRCLE

3. New Mailing Office Address, If Applicable

PO BOX 590024

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/1998

Suite, Apt. #, etc.

ORLANDO, FL 32835

Suite, Apt. #, etc.

ORLANDO, FL

City & State

City & State

5. FEI Number

593505827

Applied For

Not Applicable

Zip

32825

Country

USA

Zip

32859

Country

USA

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
President	DOUGLAS W DIRCKS	10247 Comfort CR	ORLANDO, FL 32825
			400003265494--5 -05/24/00--01075--027 ****150.00 ****150.00
			400003265494--5 -05/24/00--01075--028 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MITTS, TIMOTHY JON  
5934 BENT PINE DRIVE  
ORLANDO FL 32857

9. Name and Address of New Registered Agent

Name

DOUGLAS W DIRCKS

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

10247 Comfort Circle

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32825

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

4/14/00

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

DOUGLAS W DIRCKS

1/15/99

Date

407-799-9773

Daytime Phone #