## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM DELEGIES OF STATE

**APPLICATION FOR** 



## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P98000087578 **DOCUMENT #** 

1. Corporation Name

## **GOLD XPRESS CORPORATION**

Principal Place of Business

Mailing Address

15555 NW 12TH COURT PEMBROKÉ PINES FL 33028

15555 NW 12TH COURT

PEMBROKE PINES FL 33028

FILED 01 DEC 11 PH 1: 31

SECRETARY OF STATE TALLAHASSEE, FLORIBA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
New Principal Office Address, If Applicable     3. New Ma			iling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     10/12/1998			
Suite, Apt. #, etc. Suite, Apt.			#, etc.		5. FEI Number		Applied For	
City & State		City & State	City & State		65-0866434 Not Applicable		Not Applicable	
Zip Country		Zip		Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
7. Names and	Street Addresses of Each Officer a	nd/or Director (Fl	orida nonprofit	corporations must list at	least 3 directors)			
Title(s) Name of Officers and/or Directors			Street Address of Ea Officer and/or Direct					
PTD V	ASWANI, ANITA	15555 NW 12TH COURT			PEMBROKE PINES FL 33028			
					40	00004733: -12/19/0101	1448 1059013	
•		•				****150.00	****150.00	
					01	Ugn		
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
VASWANI, ANITA 15555 NW 12TH COURT					Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
				Suite, Apt. #,				
				City	TS	State <b>FL</b>	Zip Code	
10. I, being ap	pointed the registered agent of the	above named corp	poration, am fa	miliar with and accept th		607.0505, F.S.		
Signature of Registered Agent					Date			

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 W With SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Poge 2 K

Gold X-Press Corporation 15555 N. W. 12th Court Pembroke Pines, Florida 33028 (954) 433-5622 Phone & Fax

December 5, 2001

Florida Department of State Reinstatement Section Division of Corporations P O Box 6327 Tallahassee, Florida 32314

RE: 2001 Uniform Business Report

To Whom It May Concern,

I am in receipt of your notice regarding the dissolution of my corporation. Please be advised that this is the first notice that I have received with regards to this report filing. After speaking with my accountant Bernard Doddo, CPA, he has advised me that I would have received the original notice in January, and delinquent notices in June and prior to the September dissolution. Please be advised that I have never received any notices or preprinted forms for 2001. Until the dissolution package arrived, I have always filed these reports on a timely basis in the past.

Please understand my situation, as my corporation cannot afford to withstand this huge penalty. Enclosed please find a check in the amount of \$150.00 which represents the annual filing fees. I have also been advised that in the future if I do not receive the proper filing forms in a timely manner, that I may obtain them through your website Sunbiz.corg. I apologize for this inconvenience. If you require additional information, please do not hesitate to contact me at any time.

Sincerely,

Gold X-Press Corporation

Anita Vaswani President