

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin e Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 25 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P440000 88143

1. Corporation Name

Exclusive Express Inc.

2. Principal Office Address

3184 W. 77 Pl.

Suite, Apt. #, etc.

City & State

Hiialeah, Florida

Zip

33018

Country

USA

3. Mailing Office Address

3184 W. 77 Pl.

Suite, Apt. #, etc.

City & State

Hiialeah, Florida

Zip

33018

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

05-0954526

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Leonardo A. Benitez

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

3184 W. 77 Pl.

Suite, Apt. #, Etc.

City

Hiialeah

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05/11/01 --01010--002

\*\*\*750.00 \*\*\*750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Benitez

Date 04/20/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Leonardo A. Benitez	3184 W. 77 Pl.	Hiialeah, Fl. 33018
V	Masury Montes de Oca	6151 W. 24 Ave. #101	Hiialeah, Fl. 33018
T	Masury Montes de Oca	6151 W. 24 Ave. #101	Hiialeah, Fl. 33018
S	Lilian Benitez	3184 W. 77 Pl.	Hiialeah, Fl. 33018

10. 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:

Benitez Leonardo A. Benitez 04/20/01 305-345-4690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)