

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PS192

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



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

FILED

00 OCT 16 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000100312

1. Corporation Name

SOUTH EAST XPRESS INC.

Principal Place of Business

5800 S.W. KROME AVE.
MIAMI FL 33193

Mailing Address

5800 S.W. KROME AVE.
MIAMI FL 33193



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

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1999

5. FEI Number

65-1012661

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	POMPA, JORGE	5800 S.W. KROME AVE.	MIAMI FL 33193
VD	POMPA, JORGE	5800 S.W. KROME AVE.	MIAMI FL 33193
SD	POMPA, JORGE	5800 S.W. KROME AVE.	MIAMI FL 33193

SP

8. Name and Address of Current Registered Agent

POMPA, JORGE
5800 S.W. KROME AVE.
MIAMI FL 33193

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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 #

CR2E040 (8/00)



pg 2 of 2
SOUTH EAST XPRESS, INC.
581 S.E. 4TH STREET
HIALEAH, FLORIDA 33010

October 13, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Document #P99000100312

Enclosed you will find copies of a cancelled check that was sent to your organization in April with the copy of the application.

As requested, please waive the fees.

If you have any questions, please contact us.

Thank you for your time.

Sincerely,

Jorge L. Pompa
President

PHONE: 305-388-1278
FAX: 305-388-1967