

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S32421**

1. Corporation Name

SHELVING EXPRESS, INC.

Principal Place of Business

**3750 INVESTMENT LANE
SUITE 1B
WEST PALM BEACH FL 33404
US**

Mailing Address

**10535 RIO HERMOSO
DELRAY BEACH FL 33446
US**

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

02/14/1991

5. FEI Number

59-3052910

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

97-98
AD

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D, P, S	ARANIBAR, OFELIA	10535 RIO HERMOSO	DELRAY BEACH FL
Y	Aranibar, michael	10535 Rio Hermoso	Deleay Beach, FL 33446
			8000002576148-9 -06/30/98--01046--024 ****308.75 ****308.75

8. Name and Address of Current Registered Agent

**ARANIBAR, OFELIA
10535 RIO HERMOSO
DELRAY BEACH FL 33446**

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

Ofelia Aranibar

REGISTERED AGENT MUST SIGN

Date **6/22/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(l), 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:

Ofelia Aranibar
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

6/22/98

Date

561-496-3045

Daytime Phone #

CR2E040 (8/97)