

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 11 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

V58645

1. Corporation Name

Florida Package Express, Inc.

2. Principal Office Address

120 Buckskin Way

Suite, Apt. #, etc.

City & State

Winter Springs

Zip

Country

Seminole

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Florida 32708

Zip

Country

4. Date Incorporated or Qualified  
- To Do Business in Florida

08-17-1992

5. FEI Number

59-3134750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 02-03**

**7. Name and Address of Current Registered Agent**

Name

Margaret P. Granito

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

7139 Timber Drive

Suite, Apt. #, Etc.

Winter Park, FL 32792

City

State  
**FL**

Zip Code

600013915356  
03/11/03--01044--003 \*\*900.00

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

*Margaret P. Granito*

REGISTERED AGENT MUST SIGN

Date 3/5/03

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-D-T	Nanette Babenzien	120 Buckskin Way	Winter Springs, FL 32708

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/03

CR2E081 (10/02)