

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAY -3 AM 10:38

DOCUMENT # V73938

1. Corporation Name

Eagle Express Inc.

2. Principal Office Address - No P.O. Box #

1700 NW 94 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1700 NW 94 Ave

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip Country

33172 USA

City & State

Miami, Florida

Zip Country

33172 USA

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05/03/12--01012--002 **1102.50

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Oct 1992

5. FEI Number

65-0365735

☐ 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 Martha Rodriguez

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

4530 NW 2nd Terr

Suite, Apt. #, Etc.

City Miami

State

FL

Zip Code

33126

5/9/12

REINSTATEMENT

2010, 2011, 2012

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

Martha Rodriguez

REGISTERED AGENT MUST SIGN

Date 4/30/12

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
President	Martha Rodriguez	4530 NW 2nd Terr	Miami, FL 33126

10. E-mail Address: martha@eagleexp.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Martha Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/12

Date

Daytime Phone #