

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED

96 NOV -5 AM 10: 09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F89596

1. Corporation Name

KRE EXPRESS INC

Principal Place of Business

Mailing Address

145 BLACK DUCK CIRCLE
DAYTONA BEACH, FLA. 32119

000002015630--3
-11/27/96--01030--005
*****8.75 *****8.75

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
1982	
5. FEI Number	Applied For
59-2205696	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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
PRES	JOHN S KOCIS	145-Black Duck Circle	Daytona Beach, FLA 32119
V. PRES	KAREN DAYTON KOCIS	145-Black Duck Circle	Daytona Beach, FLA 32119

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***1542.50 ***1542.50

8. Name and Address of Current Registered Agent

RONALD KOWASKI
101-BROADWAY
DAYTONA BEACH FLA

9. Name and Address of New Registered Agent

Name: DEAN C. KOWALCHYK
Street Address (P.O. Box Number is Not Acceptable): 1231 E. LAFAYETTE ST.
Suite, Apt. #, Etc.: SUITE F
City: TALLAHASSEE 9 State: FL Zip Code: 32302

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] Date: 11/22/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

2. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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] DATE: 11/21/96

SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR