


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

MAY 11 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K68980
1. Corporation Name
Eagle Express Services, Inc.

REINSTATEMENT 97-06

T. Roberts MAY 04 2006
CR2E081 (12/05)

2. Principal Office Address
151 Prospect Avenue

3. Mailing Office Address
Same

Suite, Apt. #, etc.
Suite 19B

City & State
Hackensack, New Jersey

Zip
07601

Country
U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
February 28, 1989

5. FEEL Number
65-0115861

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
Joel A. Savitt

Street Address (P.O. Box Number is Not Acceptable)
20801 Biscayne Boulevard

Suite, Apt. #, etc.
Suite 506


City
Aventura

State
FL

Zip Code
33180

600072652876
04/28/06--01014--004 *\$2108.75

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


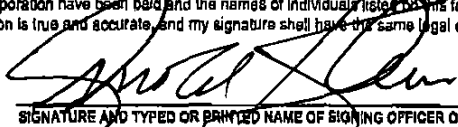
Date
April 18, 2006

REGISTERED AGENT MUST SIGN

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
PD	Arnold Klein	151 Prospect Avenue, Suite 19B	Hackensack, New Jersey 07601
STV	Sharon Roberto-Klein	151 Prospect Avenue, Suite 19B	Hackensack, New Jersey 07601

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 contained in Chapter 119, 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
4/18/06

Daytime Phone #
2013425706