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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCU	STATEMENT JMENT # F00000003522 tion Name RI EXPRESS INC.	S	DEPARTMENT OF STATE secretary of State sion of Corporations	O4 JUL 30 AM 10: 11 SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Principal Office Address 215 Mill Street Suite, Apt. #, etc.		3. Mailing Office Address 215 Mill Street Suite, Apt. #, etc.		200039740502 07/30/0401071010 **608.75 PETATERIZATION OF COMMISSION
City & State Lawrence, NY Zip Country 11559 U.S.A.		City & State Lawrence Zip 11559	, NY Country U.S.A.	To Do Business in Florida June 19, 2000 5. FEI Number
8. I, being	7. Name and Address of Current Registered Agent Name FERRARI Express INC. Street Address (P.O. Box Number is Not Acceptable) 36 NE 1st Street Suite, Apt. #, Etc. Suite 1049 City Miami State Zip Code FL 33132 g 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 - REGISTERS 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 Street		Street Address of Eac Officer and/or Direct	h City/State/Zin
P	Dario Dino Ferrari		215 Mill Street	Lawrence, NY. 11559
V	Lawrence Melilli		215 Mill Street	Lawrence, NY. 11559
V/T	Claudio Celada		215 Mill Street	Lawrence, NY. 11559
S	Frank Ferrante		5 West 19th Street 10th F	New York, NY. 11559
40				

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 filling 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.

CLAUDIO CELADA

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



WORLDWIDE ARMORED CAR SERVICE

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215 Mill Street Lawrence, New York 11559 Tel: 516.239.6141 - Fax: 516.239.6540 580 Fifth Avenue New York, New York 10036 Tel: 212.764.0676 - Fax: 212.764.2019

July 26, 2004

Florida Department of State Secretary of State Division of Corporations P.O.Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

This letter is in reference to the dissolution of Ferrari Express INC ,as of the year 2001. It is a request that the reinstatement fee be waived as the annual report form was not received leading to the dissolution of Ferrari Express INC. The appropriate fee has been enclosed along with the application for reinstatement.

Kind Regards,

Vice President and Officer

Claudio Celada

Frank Ferrante Ferrante Law Firm, PLLC