


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
10 FEB 26 PM 1:15

| CORPORATION<br>REINSTATEMENT   |                                   |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                          |
|--|-----------------------------------|---|--------------------------|
| DOCUMENT # F0800005051   |                                   |   |                          |
| 1. Corporation Name<br><b>ABI Express Company Inc.</b>   |                                   |   |                          |
| 2. Principal Office Address - No P.O. Box #<br><b>20401 NW 2nd Avenue</b>  |                                   | 3. Mailing Office Address<br><b>20401 NW 2nd Avenue</b>   |                          |
| Suite, Apt. #, etc.<br><b>Suite 306</b>  |                                   | Suite, Apt. #, etc.<br><b>Suite 306</b>   |                          |
| City & State<br><b>Miami Gardens, FL</b>   |                                   | City & State<br><b>Miami Gardens, FL</b>  |                          |
| Zip<br><b>33169</b>  | Country<br><b>USA</b>             | Zip<br><b>33169</b>   | Country<br><b>USA</b>    |
| 4. Date Incorporated or Qualified To Do Business in Florida<br><b>November 25, 2008</b>  |                                   | <b>REINSTATEMENT</b><br><b>09-10 T3 2/26/10</b><br><b>500169415235</b><br><b>02/17/10--01034--005 **150.00</b><br>CR2E081 (11/09)                               |                          |
| 5. FEI Number<br><b>30-0507214</b>   |                                   | Applied For<br><input type="checkbox"/> Not Applicable  |                          |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>  |                                   | \$3.75 Additional Fee required for a Certificate of Status  |                          |
| 7. Name and Address of Current Registered Agent  |                                   |   |                          |
| Name<br><b>HIQ Corporate Services, Inc.</b>  |                                   |   |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1574 Village Square Blvd.</b>   |                                   |   |                          |
| Suite, Apt. #, Etc.<br><b>Suite 100</b>  |                                   |   |                          |
| City<br><b>Tallahassee</b>   |                                   | State<br><b>FL</b>  | Zip Code<br><b>32309</b> |
| <input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.   |                                   |   |                          |
| <b>500169415235</b><br><b>02/26/10--01025--010 *158.75</b>   |                                   |   |                          |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.   |                                   |   |                          |
| Signature of Registered Agent <i>Kelli Flannery</i> By: <b>Kelli Flannery, VP</b> Date <b>2/12/10</b><br>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       |
| P/D  | McAlister Abbott                  | 20401 NW 2nd Avenue, Ste. 306   | Miami Gardens, FL 33169  |
| V/S/D  | Carolyn Philip                    | 20401 NW 2nd Avenue, Ste. 306   | Miami Gardens, FL 33169  |
| T/D  | Peter Queeley                     | 20401 NW 2nd Avenue, Ste. 306   | Miami Gardens, FL 33169  |
| D  | Tania Chlhimie                    | 20401 NW 2nd Avenue, Ste. 306   | Miami Gardens, FL 33169  |
| CEO  | Richard Robinson                  | 20401 NW 2nd Avenue, Ste. 306   | Miami Gardens, FL 33169  |
| 10. E-mail Address: <b>richard.robinson@socatransfer.com</b><br><small>(To be used for future annual report notification)</small>  |                                   |   |                          |
| 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., 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. |                                   |   |                          |
| SIGNATURE: <i>Richard W. Robinson</i>  |                                   | Date <b>2/9/10</b> Daytime Phone # <b>954562934</b>   |                          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                   | Date Daytime Phone #  |                          |