

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPROVED
FILED

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06 JUL 20 PH 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000035964

1. Corporation Name
Oni-Express Corporation
W06-30951

2. Principal Office Address <u>21424 SW 89 PATH.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>21424 SW 89 PATH.</u> Suite, Apt. #, etc.	
City & State <u>Miami - fl.</u>		City & State <u>Miami fl.</u>	
Zip <u>33189</u>	Country	Zip <u>33189</u>	Country

REINSTATEMENT 04-06

4. Date Incorporated or Qualified To Do Business in Florida 03-24-03

5. FEI Number NONE

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ONILDA URBINA TREMINIO

Street Address (P.O. Box Number is Not Acceptable)
21424 SW 89 PATH

Suite, Apt. #, Etc. Miami fl.

City Miami

State FL Zip Code 33189

100077958821
07/25/06--01044--004 **450.00

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 [Signature] Date 07/05/06

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.	<u>Onilda Urbina</u>	<u>21424 SW 89 PATH</u>	<u>Miami fl. 33189</u>
D.	<u>Tairo Rodriguez</u>	<u>21424 SW 89 PATH</u>	<u>Miami fl 33189.</u>
S.	<u>Onilda Velasquez</u>	<u>560 NW 114 AVE #103</u>	<u>Miami fl 33172.</u>

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] 07/05/06 (786)3262684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1120

2/2

July 3, 2006

To:
Department of State
Division of Corporations

Ref:
ONI EXPRESS CORPORATION
1701 W FLAGLER ST STE 206
MIAMI, FL 33135

To Whom It May Concern:

This letter has the purpose to let you know that by July 3, 2006 my corporation have not received the annual report notices, for this reason I need you to please waive my reinstatement fee.

If you need any information please do not hesitate in contac anytime.

Coridially,


NILDA URBINA
President