

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Marjorie Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**CHAUVER**

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000047477 **L**

1. Corporation Name  
**Express Miami Imp + Exp Inc.**

2. Principal Office Address  
**444 Brickell Ave.**

3. Mailing Office Address  
**444 Brickell Ave.**

Suite, Apt. #, etc.  
**750**

Suite, Apt. #, etc.  
**750**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33131**

Country

Zip  
**33131**

Country

4. Date Incorporated or Qualified To Do Business in Florida  
**5/27/1997**

5. FEI Number  
**65-0756797**

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  
**Sardis C Jr. Monteiro**

Street Address (P.O. Box Number is Not Acceptable)  
**444 Brickell Ave**

Suite, Apt. #, Etc.  
**750**

City  
**Miami**

State  
**FL**

Zip Code  
**33131**

**700003407317-4**  
**-09/28/00--01012--007**  
**\*\*\*\*\*300.00 \*\*\*\*\*300.00**

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 \_\_\_\_\_ Date \_\_\_\_\_  
**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
<b>P</b>	<b>Sardis C. Jr. Monteiro</b>	<b>444 Brickell Ave. # 750</b>	<b>Miami, Fl. 33131</b>

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., the 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.

SIGNATURE: **SARDIS CHAUVER MONTEIRO JR** **08/31/00** **305-393-8808**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)

199500  
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**MILLENNIA CONSULTING SERVICES, INC.**

444 BRICKELL AVE SUITE 750  
MIAMI, FL. 33131  
PH NO (305)373-8808 FAX NO (305)373-8887

August. 16<sup>th</sup>, 2000

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

To Whom It May Concern:

Per instructions of the Division of Corporations, I am attaching a check in the amount of \$300.00 for the annual report fee with application.

I also state that Express Miami Imp Exp., Inc sent the filled annual report 1999 on time with a check numbered 1017 for the amount of \$150.00 wich was never paid by the bank.

Attach to this letter I'm sending the copy of the filled form and the check.

I will appreciate your help in this matter.

SARDIS CHAVES MONTEIRO JR.  
Sardis Monteiro  
President