PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		E .	FILED	
				03	03 JUN 10 AM 8: 20	
DOCUMENT # P99000036199				SE TAL	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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E & H EXPRESS, INC.						
2. Principal Off	fice Address	3. Mailing Office Addre	ess	7		
1690 West555th Place		1690 West 55th Place				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 04/21/1999	
City & State	- TIT	City & State		5. FEI Numb		
Hialeah, FL.		Hialeah, Fl.		65-09	65-0912969 Not Applicable	
3301 <i>2</i>	Country	^{Zip} 33012	Country	G. CERTIFICAT	E OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent						
N	Name Haidee Alvarez Street Address (P.O. Box Number is Not Acceptable) 1690 West 55th Place Suite, Apt. #, Etc.					
S						
s						
L						
City Hialeah State Zip Code FL 33012						ı a
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 4/3/03	CR2E081 (10/02
	RE	GISTERED AGENT MUST	T SIGN/			5
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 Officer and/or Dir		City / State / Zip	
PD A	Alvarez, Elio	.,	West 55th	Place	Hialeah, Fl. 33012	İ
VTD A	lvarez, Haidee	1690	West 55th	Place	Hialeah, Fl. 33012	İ
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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 tisted 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #						
	SIGNATURE AND TYPED OR PRIN	ITED NAME OF SIGNING OF	FICER OR DIRECTOR	/	Øate Daytime Phone #	

916/11

Ernesto Gonzalez, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT

GABLES INTERNATIONAL PLAZA 2655 LE JEUNE ROAD, SUITE PH 2-B CORAL GABLES, FLORIDA 33134-5827

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

TELEPHONE (305) 444~7899 TELECOPIER (305) 446-8089 E-MAIL ernie@taxeg.com

May 30, 2003

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

RE:

E & H Express, Inc.

Document #

P99000036199

EIN:

65-0912969

Form:

Corporation Reinstatement

To Whom It May Concern:

The above-mentioned taxpayer has not received its forms For Profit Corporation Uniform Business Report (UBR), for the year 2003. Please note the change in principal office address and mailing office address in the enclosed form.

As per your request, enclosed please find the form for the corporation reinstatement and a check payable to Florida Department of State for \$150.00, which belongs to the year 2003.

If you need any additional information, please do not hesitate to call me.

Respectfully,

Ernesto Gonzalez

For The Firm

Corporation Reinstatement

Check Payable to Florida Department of State