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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| | | | |
|--|-----------------------------------|--|--------------------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # F00000003987 | | | |
| 1. Corporation Name UNIEXPRESS, INC. | | | |
| 2. Principal Office Address - No P.O. Box # 1013 CENTRE ROAD Suite, Apt. #, etc. | | 3. Mailing Office Address 1013 CENTRE ROAD Suite, Apt. #, etc. | |
| City & State WILMINGTON, DE | | City & State WILMINGTON, DE | |
| Zip 19805 | Country USA | Zip 19805 | Country USA |
| 4. Date Incorporated or Qualified To Do Business in Florida 7/17/2000 | | 5. FEI Number 651016632 | |
| | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | | |
| 7. Name and Address of Current Registered Agent | | | |
| Name VILLANUEVA & BAJANDAS, LLP | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVENUE | | | |
| Suite, Apt. #, Etc. 200 | | | |
| City MIAMI | | State FL | Zip Code 33131 |
| 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 5/1/2008 | |
| 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 |
| PD | ADRIEN CASTERA | 1000 BRICKELL AVENUE, SUITE 200 | MIAMI, FL 33131 |
| S | BAJANDAS, RICARDO | 1000 BRICKELL AVENUE, SUITE 200 | MIAMI, FL 33131 |
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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 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: | | 5/1/2008 | (305)377-0086 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : RICARDO BAJANDAS, P.A.
Account Number : 110263002111
Phone : (305) 377-0809
Fax Number : (305) 377-0781

CORPORATION REINSTATEMENT

UNIEXPRESS, INC.

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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