FILED

06 OCT 16 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000001839

1. Corporation Name

FMI Express Corp.

2. Principal Office Address	3. Mailing Office Address
800 Federal Blvd.	same
Suite, Apt. #, etc. n/a	Suite, Apt. #, etc. n/a
City & State Carteret, NJ	City & State same
Zip 07008 County USA	Zip same Country same

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 04/14/2003

5. FEI Number 22-2921291 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.: N/A

City: Plantation State: FL Zip Code: 33324

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: Heidi M. Liesch

Heidi Liesch
REGISTERED AGENT MUST SIGN
Assistant Secretary

Date: 10-13-06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ERNEST DESAYE	800 FEDERAL BOULEVARD	CARTERET, NJ 07008
VP	MICHAEL DESAYE	800 FEDERAL BOULEVARD	CARTERET, NJ 07008
S, T	FILOMENA DESAYE	800 FEDERAL BOULEVARD	CARTERET, NJ 07008

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 that 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: 10/13/06

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

Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

FMI EXPRESS CORP.

Certificate of Status	0
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