ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

pg (ofz

PLEASE READ	ALL INSTRUCTIONS BEFORE C	OWFLETING THIS FORW.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 DEC 26 PM 2- 92
DOCUMENT # F 93 00000 21 25 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
X-Press Freight	Forwarders Inc.	
STATE RD. # 190, Km. 3.4	WOG _ 54004	
2. Principal Office Address	3. Mailipp Office Address	,
He. Box 3551	P.O. Box 3557	RETUS TRANSFER OLD
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Sabana Abajo Word		4. Date Incorporated or Qualified To Do Business in Florida 05/06/1993
CUVO linsa, Puer to Rico	Cliva links, Puerto Rico	5. FEI Number Applied For Not Applicable
Zip Country 00 984	Zip Country 00984	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status
	7. Name and Address of Current Register	red Agent
	W. Legler	
Street Address (P.O. Box Number/s 300 A W// Suite, Apt. #, Etc.	irt Side Way	100082945471 01/03/0701013011 **300.00
City Jacksonville		State Zip Code FL 32003
8. 1, being appointed the registered agent of the a	bove named corporation, am familiar with and accept the c	obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent	REGISTERED AGENT MUST SIGN	Date
	REGISTERED AGENT MOST SIGN	
	and/or Director (Florida nonprofit corporations must list at le	
Titles Name of Officers and/or Director	street Address of Eac Officer and/or Director	
CPD ERNESTO VILANOVA	1823 LUCIRTH STEE ROMAN MANSIONS CONDU	minum #2N 00907
VTD LIZA VILANOVA	Cond. tark Lane, f #63-65 Sanhago Igi	H-2 San Juny, P.R. 00907
•	MUIANO CULURY AGAI	Hent

10. I certify that I arm 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1-5-06 787-764-8100
Date Dayline Phone #



December 5, 2006

Department of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: X-Press Freight Forwarders Inc. Re-Instatement Application F93000002125

Dear Sirs:

As required, enclosed please find a complete re-instatement application covering X-Press Freight Forwarders Inc. (See Attachment # 1)

The document included herein was updated with new information related with the mailing address of the corporation, as well as, new home addresses of the corporate executives.

An evaluation of the documents secured from your online file demonstrated that the mailing address of our corporation is incorrect; reason why we had not received the renewal notification from your office. (See Attachment # 2) In light of this we corrected the mailing address in the document attached.

In addition, we would like to request an exemption from the payment of the re-instatement fee since the information included in your records was incorrect.

Please have the changes included in the document attached included in the official corporate file located at the Department of State.

In the event additional information related with this important subject is needed, please do not hesitate to contact Mr. Mitchell W. Legler at 904-346-3200 or the under signer at 787-769-8100.

Best Regards.

Mr. Emesto Vilanova Vélez

President

Attachment # 1 Re-instatement Application
Attachment # 2 Document from Department of State Files