

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 22 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



10192004 REIN-P CR2E098 (6/04)

DOCUMENT # K65900 1. Entity Name W & F EXPRESS, INC.					
Principal Place of Business 6311 SW 45 ST DAVIE, FL 33314 US			Mailing Address 1323 PIERCE ST HOLLYWOOD, FL 33019		
2. Principal Place of Business 6311 SW 45 St Suite, Apt. #, etc.		3. Mailing Address 6311 SW 45 St Davie, FL Suite, Apt. #, etc.			
City & State Davie, FL 33314 Zip 33314 Country USA		City & State Davie, FL 33314 Zip 33314 Country USA		4. FEI Number 65-0108213	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FLIPPO, WILLEM 1323 PIERCE ST HOLLYWOOD, FL 33019			7. Name and Address of New Registered Agent Name TINA M. VAN WIE Street Address (P.O. Box Number is Not Acceptable) 1401 N 69 Way City HOLLYWOOD FL 33024		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Tina M. VanDie</i></u> <u><i>TINA M. VAN WIE</i></u> <u><i>10/18/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN WIE, TINA <input type="checkbox"/> Delete 5060 SW 64TH AVE #212 DAVIE, FL 33314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Delete MARTANO, MARC 319 CONNECTICUT ST HOLLYWOOD, FL 33019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500042101545 10/22/04--01032--009 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Tina M. Van Wie / Pres</i></u> <u><i>TINA M. VAN WIE</i></u> <u><i>10/18/04</i></u> <u><i>9546009072</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					