

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
John Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
02 DEC 16 PM 1:22  
11/8

1. DOCUMENT # L01000014751

Name and Mailing Address

0003337 01 FP 0.352 \*\*PRSR TO 0 0615 33315-362399  
EXPRESS TRANSSHIPMENT SERVICE, LLC  
610 SW 34TH STREET  
FT. LAUDERDALE FL 33315-3623

700008833667  
11/06/02--01107--006 \*\*150.00



REINSTATEMENT 2002

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/29/2001	
Principal Place of Business 610 SW 34TH STREET FT. LAUDERDALE FL 33315	3. New Principal Place of Business Address X City, State, Zip	6. FEI Number 65-1145827	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent RUTHERFORD, MULHALL & WARGO, P.A. 2600 N. MILITARY TRAIL 4TH FLOOR BOCA RATON FL 33431	9. Name and Address of New Registered Agent Name Bernard A. Singer, Esq. Street Address (P.O. Box Number is Not Acceptable) 3107 Stirling Road, Suite 105 City Ft. Lauderdale FL Zip Code 33312
---	--

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] Date 12/5/2002

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	Iain Harper	610 SW 34th Street	Ft. Lauderdale, FL 33315

REINSTATEMENT 2002

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date OCT 30 2002 Daytime Phone # (954) (359-5950)

Iain HARPER

CR2E084 (8/02)