


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2007 APR 17 PM 4:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA 400097190104 04/17/07--01009--005 **275.00 CR2E041 (1/07)																								
DOCUMENT # <u>63000026045</u>																										
1. Limited Liability Company's Name <u>MAIL BOX EXPRESS, LLC</u>																										
2. Principal Office Address - No P.O. Box # <u>6525 COLLINS AVE</u> Suite, Apt. #, etc.	3. Mailing Office Address <u>6525 COLLINS AVE</u> Suite, Apt. #, etc.	4. State/Country of Formation <u>FLORIDA</u>																								
City & State <u>MIAMI BEACH, FL</u>	City & State <u>MIAMI BEACH, FL</u>	5. Date Organized or Qualified To Do Business in Florida <u>7/16/2003</u>																								
Zip <u>33141</u> Country <u>DADE</u>	Zip <u>33141</u> Country <u>DADE</u>	6. FEI Number <u>900112544</u> Applied For <input type="checkbox"/> 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 Name <u>GEORGE MACROPULOS</u> Street Address (P.O. Box Number is Not Acceptable) <u>6525 COLLINS AVE</u> Suite, Apt. #, Etc. City <u>MIAMI BEACH</u> State <u>FL</u> Zip Code <u>33141</u>																										
<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.																										
9. 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 <u>[Signature]</u> Date <u>3/26/07</u> REGISTERED AGENT MUST SIGN																										
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>GEORGE MACROPULOS</td> <td>6525 COLLINS AVE</td> <td>MIAMI BEACH, FL 33141</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	GEORGE MACROPULOS	6525 COLLINS AVE	MIAMI BEACH, FL 33141																
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11. 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 <u>[Signature]</u> Date <u>3/26/07</u> Daytime Phone # <u>305-3458844</u> Typed or printed name of signing Managing Member/Manager <u>GEORGE MACROPULOS</u>																										