

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

CUS - 875  
Balance Due for Reinstatement 1.25 Only

DOCUMENT # M49578

1. Corporation Name  
SIMPORT EXPRESS CORPORATION

Principal Place of Business Mailing Address  
2251 COLLINS AVE 2251 COLLINS AVE  
MIAMI BEACH FL 33139 A-256  
US MIAMI BEACH FL 33139  
US



mwB  
11-18-96

If above addresses are incorrect in any way line through incorrect information and enter correction below.

2 New Principal Office Address, if Applicable 3 New Mailing Office Address, if Applicable 4 Date Incorporated or Qualified To Do Business in Florida  
Suito, Apt #, etc. 2301 COLLINS AVE 04/02/1987  
City & State #A526 Suito, Apt #, etc.  
MIAMI BEACH, FL City & State  
Zip 33139 Country USA  
5. FEI Number 59-2796300 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$875 And for a Certificate of Status

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

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MURILLO, JORGE A.	2301 COLLINS AVENUE 526-A	MIAMI BEACH FL
D	MURILLO, JORGE G.	2301 COLLINS AVENUE 526-A	MIAMI BEACH FL
VSD	MURILLO, MIGUEL A.	2301 COLLINS AVENUE, 526-A	MIAMI BEACH FL
VSD	PENARANDA, MIGUEL MURILLO	17440 NW 67TH CT, APT A	MIAMI FL

500002010375--S  
-11/20/96--01115--007  
\*\*\*10.00\*\*\*

8. Name and Address of Current Registered Agent  
MURILLO, JORGE A.  
2301 COLLINS AVE., STE. A-526  
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suito, Apt. #, Etc.  
City State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent  
REGISTERED AGENT MUST SIGN  
Date 9/18/94

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No   
(See other side for information on intangible tax.)

12 I certify that I am an officer or director of 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 the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 9/18/94 305/6720130  
Daytime Phone #

CR2824 (7/96)