

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

UBP

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 07, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P00000007523

1. Corporation Name

Pioneer Express, Inc.

2. Principal Office Address

17220 NW 48th Pl

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33055

Country

USA

3. Mailing Office Address

P.O. Box 126461

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33012

Country

USA

200021765412

07/24/03--01038--021 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2000

5. FEI Number

650998697

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hipolito Lopez

Street Address (P.O. Box Number is Not Acceptable)

17220 N.W. 48th Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33055

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Hipolito Lopez

Date

REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P | Hipolito Lopez | 17220 NW 48pl | miami, FL 33055 |
| V | Alexander Leroux | P.O. Box 126461 | Hialeah, FL 33012 |
| | | | |
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10. I certify that I am 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 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:

Hipolito Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/03
Date

786-351-8390
Daytime Phone #

CR2E081 (10/02)