

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 FEB -8 PM 12:07

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DOCUMENT # P0000051867
 1. Corporation Name
VIA APPIA EXPRESS HOLDING, INC.

Principal Place of Business Mailing Address
C/O ALFONSO J. PEREZ ESO
100 S BISCAYNE BLVD SUITE 800
MIAMI FL 33131



REINSTATEMENT 01-02

2. New Principal Office Address, if Applicable
1944 WESTON ROAD
 Suite, Apt. #, etc.
 City & State **WESTON FL**
 Zip **33326** Country **USA**

3. New Mailing Office Address, if Applicable
1944 WESTON ROAD
 Suite, Apt. #, etc.
 City & State **WESTON FL**
 Zip **33326** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **05/26/2000**
 5. FEI Number **65-1019195**
 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	FALLONE, MONICA	100 S BISCAYNE BLVD SUITE 800 1944 WESTON RD, WESTON	MIAMI FL 33131 FUMDA 33326
D	FALLONE, GIUSEPPE	100 S BISCAYNE BLVD SUITE 800 1944 WESTON RD, WESTON	MIAMI FL 33131 FLORIDA 33326
D	DE FALLONE, MARIA LUIGINA P	100 S BISCAYNE BLVD SUITE 800 1944 WESTON RD, WESTON	MIAMI FL 33131 FLORIDA 33326
D	FALLONE, STEFANIA	100 S BISCAYNE BLVD SUITE 800 1944 WESTON RD, WESTON	MIAMI FL 33131 FLORIDA 33326
D	MANCERA, LUIS EDUARDO	100 S BISCAYNE BLVD SUITE 800 1944 WESTON RD, WESTON	MIAMI FL 33131 FLORIDA 33326

8. Name and Address of Current Registered Agent
~~BRODIE, SIDNEY Z ESQ.
 7270 N.W. 12TH STREET
 PH-I
 MIAMI FL 33126~~

9. Name and Address of New Registered Agent
 Name **BORIS ROSEN**
 Street Address (P.O. Box Number is Not Acceptable) **150 SECOND AVENUE**
 Suite, Apt. #, Etc. **SUITE 1200**
 City **MIAMI** State **FL** Zip Code **33131**

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 *[Signature]* **NEW REGISTERED AGENT**
SIGNATURE REQUIRED Date **1/8/02**
 REGISTERED AGENT MUST SIGN

11. 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: *[Signature]* **LUIS EDUARDO MANCERA, Director, 954-389-3343**
SIGNATURE REQUIRED Date **1-8-02** Daytime Phone #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)