


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
 01 NOV 16 PM 2:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000051879
1. Corporation Name
 VIA APPIA EXPRESS CORP.

400004721274--7
 -12/12/01--01081--014
 ****750.00 ****750.00

2. Principal Office Address 1944 Weston Road		3. Mailing Office Address 1944 Weston Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston, FL 33326		City & State Weston, FL 33326	
Zip 33326	Country	Zip 33326	Country

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida 5/26/2000	
5. FEI Number 65-1019208	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

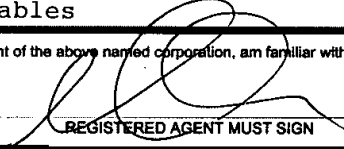
Name MANUEL M. ARVESU

Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle, S

Suite, Apt. #, Etc. Suite 502 **LS**

City Coral Gables **State** FL **Zip Code** 33134

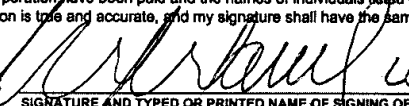
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN** **Date** 11/8/01

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/D	Mañcera, Luis Eduardo	1944 Weston Road	Weston, FL 33326
S	Fallone, Monica	1944 Weston Road	Weston, FL 33326

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)(f), 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:  **WIS MANCERA** 11/11/01 (904) 3893343
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR22681 (8/00)