

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000007758

1. Corporation Name

XPRESS DISTRIBUTION, INC
2027 N.W. 22 Court
Miami, FL 33142

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/2001

5. FEI Number

65-1083285

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

08/12/02 90010 649 18a 00

7. Name and Address of Current Registered Agent

Name

Fumagalli Margarita R

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

2027 N.W. 22 Court

Suite, Apt. #, Etc.

City

Miami, FL 33142

State
FL

Zip Code
33142

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

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
DP	Fumagalli Margarita R	2027 N.W. 22 Court	Miami, FL 33142

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

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*Brito & Brito Accounting
407 Lincoln Road, Suite 500
Miami Beach, FL 33139
Corporate Accounting and Business Development
Tel: (305) 534-9292/ Fax: (305) 534-7534*

*Florida Dept of State
Division of Corp.*

*RE: XPRESS Distributing Inc
2027 N.W. 22nd Court
Miami, FL 33142
Miami, FL 33166
P01000007758*

Dear Sir or Madam,

As per your request in our telephone conversation I'm enclosing a reinstatement Form and a letter asking to waive of penalty of \$400.00. Please note that my client did not receive neither of the two notices. Also my client paid the state in August 22, 2002 a sum of \$ 150.00


*George Brito
Accountant*

Thanks in Advance

Gbl/ca