

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000007758

1. Entity Name  
XPRESS DISTRIBUTION, INC.



Principal Place of Business  
1855 NW 20 STREET  
MIAMI, FL 33142

Mailing Address  
1855 NW 20 STREET  
MIAMI, FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10062005 REIN-P CR2E098 (6/04)

4. FEI Number  
65-1083285

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUMAGALLI, MARGARITA R  
2027 N.W. 22 COURT  
MIAMI, FL 33142

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
FUMAGALLI, MARGARITA R  
1855 NW 20 STREET  
MIAMI, FL 33142 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Margarita R Fumagalli* - PP -  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/05

(305) 584-9292  
Date Daytime Phone #

OCT 14 2005

FILED  
05 OCT 11 AM 8:20  
TALLAHASSEE, FLORIDA



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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**  
*britogeorge@aol.com/britoandbrito@aol.com*

October 6, 2005

Department Of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Xpress Distribution, Inc.  
Doc#- P01000007758

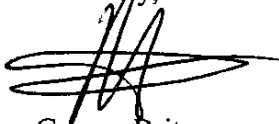
To Whom It May Concern:

This Letter is to abate all penalties to the above mentioned tax payer. Please be aware that this tax payer never received the Annual Report for Xpress Distribution, Inc., in order to reinstate the Corporation. Attached is the payment of \$150.00.

Please note that the above taxpayer is our client and if you have any question please feel free to contact us.

Thanking you in advance.

Sincerely,



George Brito  
Accountant