

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2006 AUG 21 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000016528

1. Corporation Name
Adm Express Inc.

2. Principal Office Address
2025 Blue Knoll Rd

3. Mailing Office Address
2025 Blue Knoll Rd

Suite, Apt. #, etc.

City & State
Middleburg FL

City & State
Middleburg FL

Zip
32068 Country
USA

Zip
32068 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-1095947

Applied For
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Michael Wojciechowski

Street Address (P.O. Box Number is Not Acceptable)
2025 Blue Knoll Road

Suite, Apt. #, Etc.

City
Middleburg

State
FL Zip Code
32068

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 Michael Wojciechowski Date 8/21/06

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
<u>S</u>	<u>Joy Wojciechowski</u>	<u>2025 Blue Knoll Road</u>	<u>Middleburg FL 32068</u>
			<u>B 8/23/06</u>
		REINSTATEMENT	<u>04-06</u>
			<u>800079126218</u>
			<u>08/24/06--01029--001 **1050.00</u>

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 contained in Chapter 119, 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: Joy Wojciechowski Date 8/21/06 (904) 291-4896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR