

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000027943		
1. Entity Name XPRESS FREIGHT SERVICES, INC.		

FILED
05 MAY -2 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2550 NW 72 AVE., STE 108 MIAMI, FL 33122	Mailing Address 2550 NW 72 AVE., STE 108 MIAMI, FL 33122
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2. Principal Place of Business 7061 N-W 87 AVE Suite, Apt. #, etc.	3. Mailing Address 7061 N-W 87 AVE Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
Zip 33178	Zip 33178
Country USA	Country U.S.A.



4. FEI Number 65-1099918		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TEIXEIRA, RICHARD 11551 SW 81 TERR MIAMI, FL 33173		7. Name and Address of New Registered Agent 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: RICHARD TEIXEIRA DATE: 04-21-05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEIXEIRA, RICHARD 11551 SW 81 TERR MIAMI, FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900054216329 05/10/05--01060--018 **\$900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFREITAS, ANNETTE 14924 SW 142 PLACE MIAMI, FL 33186 ☐ 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)(i), 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: [Signature] DATE: 03-31-05 305-591-0637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR