1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 17 AM 8:00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

700041121357
09/17/04--01050--002 **300.00

MRS

DOCUMENT # P01000068040

1. Corporation Name: L.F.A. EXPRESS INC

2. Principal Office Address	3. Mailing Office Address
10440 SW 156 CT	10440 SW 156 CT
Suite, Apt. #, etc.: #726	Suite, Apt. #, etc.: 726
City & State: MIAMI FL	City & State: Miami FL
Zip: 33196 Country: DADE	Zip: 33196 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 7-11-2001

5. FEI Number: 651122737 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LUIS F. AGUIRRE

Street Address (P.O. Box Number is Not Acceptable): 10440 SW 56 CT

Suite, Apt. #, Etc.: 726

City: Miami State: FL Zip Code: 33196

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 9/13/04.

CR2E581 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LUIS F. AGUIRRE	10440 SW 156 CT.	MIAMI FL, 33196

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: _____ 9/13/04 (305) 9687074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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MIAMI SEPTEMBER, 13, 2004

STATE OF FLORIDA.
DIVISION OF CORPORATIONS.
REINSTATEMENT DIVISION.
TALLAHASSEE FL.

Reference: **REINSTATEMENT.**

As, per change of the address the renewal forms for year 2003-2004, were missing.
That is the reason why the renewal payment was not sent on the correct due day.

The new address is:
L.F.A. EXPRESS INC
10440 S.W. 156 CT. # 726
MIAMI, FL 33196.

I'm sending a check for the sum of $ 300.00 to reinstate my corporation.
Thanks you!! for your help and cooperation on this matter.

Att: LUIS F AGUIRRE
L.F.A. EXPRESS INC.
PRESIDENT.