

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUL 24 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD1000086623

1. Corporation Name

EXPRESSIT GROUP INC.

2. Principal Office Address - No P.O. Box #

7215 NW 54 ST

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33166

Country

USA

3. Mailing Office Address

7215 NW 54 ST

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33166

Country

USA

100158845381
07/23/09--01036--010 **450.00

REINSTATEMENT (CR 2007 12/08)

07-09

4. Date Incorporated or Qualified To Do Business in Florida

9/04/2001

5. FEI Number

651134159

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

JAMES RICHARDS

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

10523 SW 133 PL

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

James Richards
REGISTERED AGENT MUST SIGN

Date

7/18/2009

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>P</u> | <u>JAMES RICHARDS</u> | <u>10523 SW 133 PL</u> | <u>Miami FL 33186</u> |
| <u>ST</u> | <u>LUCY E RICHARDS</u> | <u>7215 NW 54 ST</u> | <u>Miami FL 33166</u> |
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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:

James Richards

JAMES RICHARDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/2009

Date

305 716-8888

Daytime Phone #

7/24/09