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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 31 AM 8:00

DOCUMENT # P01000102370

1. Corporation Name

Express Investment Lending, Inc

REINSTATEMENT 02-04
MRS

2. Principal Office Address

633 N.E 167th st

Suite, Apt. #, etc.

901

City & State

North Miami B FL

Zip

33161

Country

Dade

3. Mailing Office Address

3285 Foxcroft rd

Suite, Apt. #, etc.

302

City & State

Miramar Florida

Zip

33025 Broward

4. Date Incorporated or Qualified
To Do Business in Florida

09-24-99

10-23-01

5. FEI Number

65-1145571

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

Rotschill Anderson Olibrice

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

633 N.E 167th street

Suite, Apt. #, Etc.

North Miami B Suite-901

City

North Miami Beach

State

FL

Zip Code

33161

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 03-30-04

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
P	Louis, Baptiste	633 N.E 167th st-901	North Miami B FL 33161
VP	Rotschill A. Olibrice	633 N.E 167th st-901	North Miami B FL 33161
SC	Ingrid, Gifford	633 N.E 167th st-901	North Miami B FL 33161

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-04 954-274-0535

Date

Daytime Phone #

CR2E081 (01/04)

Att: Ruby Dunlap.

03-30-04 292

As per our conversations here is the informations requested concerning the reinstatement of my Corporation. I'm writing this note also notify for the past three years I did not received the bill for the Corporation for it to stay active therefor I'm taking the step forward by complying to your request so I can have this matter resolve. I enclosed Four hundred fifty dollars money order as you requested and this note to let you know that I did ^{not} received the billing statement for the past three years and would like for the penalty fee to be wave please. Thank you very much for your understanding and you were a great help on the phone.

For more information call me at: 786-298-6800 or
From: Kotschill Anderson Olibriac 954-274-0535
to: Ruby Dunlap.
