PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC 20 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102370

1. Corporation Name Express Investment Lending, Inc

2. Principal Office Address	3. Mailing Office Address
633 N.E 167th st - 901	3285 Foxcroft-rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	302
City & State	City & State
North Miami Beach FL	Miramar FL
Zip / Country	Zip / Country
33161 / US	33025 / US

CR2E081 (12/05) 05-06

4. Date Incorporated or Qualified To Do Business In Florida 10-23-01

5. FEI Number — ☑ 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 st

Suite, Apt. #, Etc.: 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: Rotschill — REGISTERED AGENT MUST SIGN — Date 10-27-06

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	Baptiste, Louis	633 N.E 167th st #901	North Miami B FL 33161
VP	Olibrice, Rotschill A	633 N.E 167th st # 901	North Miami B FL 33161
SC	Gifford, Ingrid	633 N.E 167th st # 901	North Miami B FL 33161
	$27.50		

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: Rotschill — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 10-27-06 — Daytime Phone #

10-27-06

To Whom it may Concern. here is the information requested Concerning my reinstatement of my Corporation, I did not received a notice of payment for 2005 - 2006 from your department therefore I would like to have the late fee remove. As inform by the Rep; I enclosed a check for the amount of #300.00 dollars for the 2005 - 200 year. Thank you.