PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 NOV 26 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000112358

1. Corporation Name
EXPRESS SHIPPPNG ENTERPRISES INC.

2. Principal Office Address	3. Mailing Office Address
415 HIALEAH DR.	415 HIALEAH DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH FL	City & State: HIALEAH FL
Zip: 33010 Country: USA	Zip: 33010 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11-27-01

5. FEI Number: 651157324 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MIRIAM BRITO

Street Address (P.O. Box Number is Not Acceptable): 16881 NW 82 AVE 900009233359

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33016

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: _____ Date: 11/22/02
REGISTERED AGENT MUST SIGN

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
President	MIRIAM BRITO	16881 NW 82 AVE	MIAMI FL 33016

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 whe 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 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 i dicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 11-22-02 786-229-2766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2812

ACCOUNT NO. : 072100000032

REFERENCE : 835080 7162067

AUTHORIZATION Patricia Pizzuto

COST LIMIT : $ 758.75

ORDER DATE : November 26, 2002

ORDER TIME : 12:27 PM

ORDER NO. : 835080-005

CUSTOMER NO: 7162067

CUSTOMER: Scott Rosen, Esq
Scott Rosen, Law Office
169 East Flagler Street
Suite 1224
Miami, FL 33131

DOMESTIC FILINGS

NAME: EXPRESS SHIPPING ENTERPRISES, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore

EXAMINER'S INITIALS _____

RECEIVED
02 NOV 26 PM 4:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA