PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED O3NOV-3 AMII:58
DOCUMENT # P 02000 000 673		SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Corporation Name		SECRETARSEE, FLORIDA
W.Q. Express, Inc.		TALLATING
VV. G . CXP.		
2. Principal Office Address	3. Mailing Office Address	
6610 NW 38th Deive	P.O. Pox 450957 10	EINSTATEMENT US
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
		4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	5. FEI Number Applied For
LAUderhill, FL	Sunrise FL	26-0010162 Not Applicable
33319 Country BeDWARD	33345 BROWARD	6. CERTIFICATE OF STATUS DESIRED 2 \$8.75 Additional Fee required for a Certificate of Status
355 (F) MESWARA	7. Name and Address of Current Registers	
Name		
Theresa M. Mason		
Street Address (P.O. Box Number is Not Acceptable) 660 Nw 38 # Deive 11,000,24378601		
Suite, Apt. #, Etc.	30 - Deive	- 11/03/03 01054 002 **15 1.75
· Chi		State Zip Code
Lauderhill FL 33319		
Signature of Registered Agent PECISTEDED AGENT MUST SIGN		
Signature of Registered Agent Date 10/30/03		
Registered Agent Date 10/30/95 S		
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 / Starte / Zip
P Erfield 5. Mr	ASON 6610 NW 38th D	eive Lauderhill, FL 33319
		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
T/S. Theresa M. M	IASON 6610 NW 38th D	veive Laudehill, FL 33319
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 filling 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. ELF, EID MASON SIGNATURE: SIGNATURE OR PREPTED ON PROPTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date		

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W. Q. Express Inc.

P. O. Box 450957 Sunrise, FL.33345

Mason: 954-214-7824 Theresa: 954-214-1557 Office: 954-730-9447 Fax: 954-733-6785

October 30, 2003

Florida Department of State Secretary of State Division of Corporations

Re: Corporation Reinstatement

To Whom It May Concern,

This letter is written to inform your office that our company never received it's annual report. W.Q. Express Inc. filed the form necessary to advise your office of it's change of address as is required. We have never received any correspondence from your office at all. It has just been brought to our attention that our incorporation has been dissolved. We are following the instructions given by your automated system in order to correct this situation.

We are filing the Corporation Reinstatement Form and have updated all the company's information. We don't know what fees need to be paid or when they are due. If there is a brochure or booklet to explain the procedures or that has a filing schedule for fees and forms, we are requesting a copy.

Thank you in advance for your assistance in this matter.

Sincerely,

Theresa M. Mason

Secretary

W.Q. Express Inc.