OCT-03-2003 FRI 09:07 AM

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APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATX1

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000015498

1. Corporation Name

EXPRESS WHOLESALE INC

REINSTATEMENT 2003

2. Principal Office Address		3. Mailing Office Address	
10773 NW 58 STREET, Suite 287		10773 NW 58 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
287		287	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33178		33178	

4. Date Incorporated or Qualified To Do Business in Florida: 2/11/2002

5. FEI Number: 30-0044761 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CARLOS VASCONCELLOS

Street Address (P.O. Box Number is Not Acceptable): 10773 NW 58 STREET

Suite, Apt. #, Etc.: SUITE 287

City	State	Zip Code
MIAMI	FL	33178

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: 9/30/2003

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 / Street / Zip
PSTD	CARLOS VASCONCELLOS	10773 NW 58 STREET	MIAMI, FL 33178

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.

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SIGNATURE: _____ 9/30/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

EXPRESS WHOLESALE INC.

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