PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 20 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000033953**

1. Corporation Name

OPTICAL XPRESS, INC.

Principal Place of Business	Mailing Address
687 NORTHEAST 125TH STREET NORTH MIAMI FL 33161	687 NORTHEAST 125TH STREET NORTH MIAMI FL 33161

REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/28/2002

5. FEI Number: 04-3637098. ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	SANCHEZ, EDUARDO	687 NORTHEAST 125TH STREET	NORTH MIAMI FL 33161

900024889079
11/20/03--01060--017 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	Name: Martha C Mayorga Street Address (P.O. Box Number is Not Acceptable): 10401 SW 161 AVE Suite, Apt. #, Etc.: City: Miami State: FL Zip Code: 33196

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Martha C Mayorga Date: 10/15/03
REGISTERED AGENT MUST SIGN

11. 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: EDUARDO SANCHEZ 10/15/03 (786) 344-1386.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OCT 15/2003

DEAR GENTLEMAN:,

WE ARE SORRY THAT. FILING OF THE ANNUAL REPORT WAS NOT, RECEIVED BY YOUR OFFICE, FOR WHATEVER UNKNOWN REASON, WE DIDN'T RECEIVED ANY OTHER NOTICES OR WERE LOST IN OUR MAIL.
WE APOLOGIZED, AND ASK THAT PLEASE DONT, ACT TO REVOK OR DISSOLVED OUR CORPORATION.
WE KNOW NOW THE TIME, FOR THE FILING AND WE WILL NOT LET THIS BE LATE IN THE FUTURE.
THANK YOU FOR YOUR ATTENTION
THAT YOU MAY GIVE THIS

EDUARDO SANCHEZ
PRESIDENT