

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000016454</b> 1. Entity Name <b>URGEXPRESS TRAVEL, INC.</b>				<b>FILED</b> 05 APR 25 PM 2:02 REINSTATEMENT SECRETARY OF STATE TALLAHASSEE, FLORIDA <u>04-05</u>	
Principal Place of Business <b>7858 CORAL WAY MIAMI, FL 33155</b>		Mailing Address <b>7858 CORAL WAY MIAMI, FL 33155</b>		 03182005 REIN-P CR2E098 (6/04)	
2. Principal Place of Business <b>1355 N E 139 ST</b>		3. Mailing Address <b>same</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>North Miami FL</b>		City & State 		4. FEI Number <b>27-0045930</b>	
Zip <b>33166</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TIUSO MALAGON, MAGNER 7858 CORAL WAY MIAMI, FL 33155</b>				7. Name and Address of New Registered Agent Name <b>Belma J Franco</b> Street Address (P.O. Box Number is Not Acceptable) <b>1355 N E 139 ST</b> City <b>North Miami</b> <b>FL</b> Zip Code <b>33161</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Belma J Franco</i></u> <span style="float: right;">3/24/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCO, BELMA JUDITH 1355 N.E. 139TH ST. NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Belma J Franco</i></u> <span style="float: right;"><b>B. FRANCO</b> 4/25/05 786-5548574</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					