


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE
FILED

06 JUL 20 PH 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

112

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P03000035964</u>			
1. Corporation Name <u>Oni-Express Corporation</u> <u>W06-30951</u>			
2. Principal Office Address <u>21424 SW 89 PATH.</u> Suite, Apt. #, etc. _____ City & State <u>Miami - fl.</u> Zip <u>33189</u> Country _____		3. Mailing Office Address <u>21424 SW 89 PATH.</u> Suite, Apt. #, etc. _____ City & State <u>Miami fl.</u> Zip <u>33189</u> Country _____	

REINSTATEMENT 04-06
ER2001 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida <u>03-24-03</u>	
5. FEI Number <u>NONE</u>	Applied For _____ Not Applicable _____
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>ONILDA URBINA TREMINIO</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>21424 SW 89 PATH</u>			
Suite, Apt. #, Etc. <u>Miami fl.</u>			
City <u>Miami</u>		State <u>FL</u>	Zip Code <u>33189</u>

100077958821
07/25/06--01044--004 **450.00

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 <u>[Signature]</u>	Date <u>07/05/06</u>
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
P	Onilda Urbina	21424 SW 89 PATH	Miami fl. 33189
D	Tairo Rodriguez	21424 SW 89 PATH	Miami fl. 33189
S	Onilda Velasquez	560 NW 114 AVE #103	Miami fl. 33172

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 contained in Chapter 119, 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>07/05/06</u> (786) 3262684 Daytime Phone #

1120

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July 3, 2006

To:
Department of State
Division of Corporations

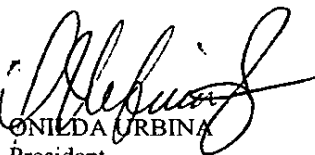
Ref:
ONI EXPRESS CORPORATION
1701 W FLAGLER ST STE 206
MIAMI, FL 33135

To Whom It May Concern:

This letter has the purpose to let you know that by July 3, 2006 my corporation have not received the annual report notices, for this reason I need you to please waive my reinstatement fee.

If you need any information please do not hesitate in contac anytime.

Coridially,


ONILDA URBINA
President