

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000088719

1. Corporation Name

DIRECT EXPRESS OF SOUTH DADE INC.

2. Principal Office Address - No P.O. Box #

12354 SW 259th Terr

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33032

Country

USA

3. Mailing Office Address

12354 SW 259th Terr

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33032

Country

USA

REINSTATEMENT 04-07
CR2E081 (1/07)

FILED
07 JUN -7 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 08/13/2003

5. FEI Number 26-0285763 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Caridad Diaz

Street Address (P.O. Box Number is Not Acceptable)

12354 SW 259th Terr

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33032

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Caridad Diaz

REGISTERED AGENT MUST SIGN

Date 06/04/2007

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
PDS	Diaz, Caridad	12354 SW 259th Terr	Homestead, FL 33032

100104065351
06/07/07--01041--005 **1200.00

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:

Caridad Diaz
CARIDAD DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/04/2007

Date

305-300-7970

Daytime Phone #

26/11