

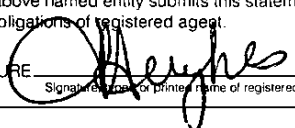
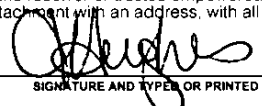


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000141610 1. Entity Name PROTEIN EXPRESS, INC.						<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em; font-weight: bold;">2007 SEP 27 AM 11:59</div> <div style="font-size: 0.8em; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 6708 BISCAYNE BLVD. MIAMI, FL 33138				Mailing Address 6708 BISCAYNE BLVD. MIAMI, FL 33138			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 999 NE 125th ST					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State North Miami, FL					
Zip	Country	Zip 33161-5742	Country US	4. FEI Number 20-1747936		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent HUGHES II, JUSTIN R 6708 BISCAYNE BLVD MIAMI, FL 33138				7. Name and Address of New Registered Agent Name Tracy L. Hughes Street Address (P.O. Box Number is Not Acceptable) 999 NE 125th ST City North Miami FL Zip Code 33161-5742			
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 				Tracy L. Hughes		09/20/2007	
(NOTE: Registered Agent signature required when reinstating)				DATE			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				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	P/D HUGHES II, JUSTIN R <input type="checkbox"/> Delete 6708 BISCAYNE BLVD MIAMI, FL 33138			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hughes II, Justin R 11111 Biscayne Blvd, # 9F Miami, FL 33181-3404 US		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete HUGHES, TRACY L 11111 BISCAYNE BLVD 9F MIAMI, FL 33181			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hughes, Tracy L 11111 Biscayne Blvd, # 9F Miami, FL 33181-3404 US		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold;">200110284482</div> <div style="font-size: 0.8em;">10/04/07--01032--002 **158.75</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Tracy L. Hughes, DIR		9/20/2007	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		305-756-0086 Daytime Phone #	

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