

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000027469

Entity Name: FAMILY EXPRESS INC

FILED  
Jul 03, 2009  
Secretary of State

## Current Principal Place of Business:

1014 E. 29 STREET  
HIALEAH, FL 33013

## New Principal Place of Business:

## Current Mailing Address:

1014 E. 29 STREET  
HIALEAH, FL 33013

## New Mailing Address:

FEI Number: 20-2379622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAUL, MONA  
1014 E. 29 STREET  
HIALEAH, FL 33013 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: MONA PAUL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PAUL, MONA  
Address: 1014 E. 29 STREET  
City-St-Zip: HIALEAH, FL 33013 US

Title: SEC (X) Delete  
Name: RIVIERE, SERGE  
Address: 1014 E. 29 STREET  
City-St-Zip: HIALEAH, FL 33013 US

Title: TREA (X) Delete  
Name: CHARLES, PIERRE  
Address: 1014 E. 29 STREET  
City-St-Zip: HIALEAH, FL 33013 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change ( ) Addition  
Name: PAUL, MONA  
Address: 1014 E. 29 STREET  
City-St-Zip: HIALEAH, FL 33013 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONA PAUL

Electronic Signature of Signing Officer or Director

PDTS

07/03/2009

Date