

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000098829

1. Entity Name  
EXPRESS MARKETING BUSINESS, INC.



Principal Place of Business

7171 SW 24 ST  
SUITE 417A  
MIAMI, FL 33155

Mailing Address

7171 SW 24 ST  
SUITE 417A  
MIAMI, FL 33155

2. Principal Place of Business

8567 SW 24 ST  
Suite, Apt. #, etc.  
288

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami

City & State

Zip

33155

Country

FL

Zip

Country



REINSTATEMENT

4. FEI Number

20-315-7894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

USAN, MARIA E  
7171 SW 24 ST  
SUITE # 417A  
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name

MARIA E USAN.

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

8567 SW 24 ST # 288

City

Miami

FL

Zip Code

33155

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

*Maria E Usan*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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

TITLE P  
NAME USAN, MARIA E  
STREET ADDRESS 11361 SW 26 ST  
CITY-ST-ZIP MIAMI, FL 33155 ☐ Delete

TITLE VP  
NAME FARASH, MARIA C  
STREET ADDRESS 7171 SW 24 ST STE 417A  
CITY-ST-ZIP MIAMI, FL 33155 ☒ Delete

TITLE S  
NAME FERNANDEZ, MARIA S  
STREET ADDRESS 7171 SW 24 ST STE 417A  
CITY-ST-ZIP MIAMI, FL 33155 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400080180004  
09/26/06--01039--006 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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

*Maria E Usan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

606A00056571

B. Michael SEP 21 2006