PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JAN 09 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000037434

1. Corporation Name

W14-1879

Florida Fresh Express ~~W14-1879~~

12-14

CR23061 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6600 NW 27ave	PO BOX 133013
Suite, Apt. #, etc.	Suite, Apt. #, etc.
W105C	
City & State	City & State
Miami Florida	Hialeah, Florida
Zip / Country	Zip / Country
33147 USA	33013

4. Date Incorporated or Qualified To Do Business in Florida: June 2006

5. FEI Number: 11 3773788 — 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: Pedro A. Moreno

Street Address (P.O. Box Number is Not Acceptable): 6600 N W 27ave

Suite, Apt. #, Etc.: W105C

City: Miami State: FL Zip Code: 33147

300255444883
01/09/14--01027--008 **1058.75

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: Pedro A Moreno Date: 01 06 2014
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
C	Pedro A Moreno	6600 NW 27th Ave W105C	Miami, FL 33147
		JAN 09 2014	
	REINSTATEMENT	R. HUNT	

10. E-mail Address: Florida Fresh Express at Gmail.Com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Pedro A Moreno 01 06 14 305 747 4422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #