2008 FOR PROFIT CORPORATION REINSTATEMENT

	REINSTA	TEMENT							
DOCUMENT # P06000077984									
1. Entity Name EXPRESS SETTLEMENT INC					FILED				
					. 0	08	OCT 16	PM 2:	26
Principal Place of Business Mailing Address 312 3RD COURT 312 3RD COURT				4					
312 3RD COUR Palm beach G	FL 33410 US		* The	TALI	RETAIL: AHASSE	CI STAT E, FLORI	t DA		
14	<u> </u>								
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Express Settlement									
	ntry Club Dr.		Su 368 Country Club Dr.					(1/02)	XX WE
City & State	FL 33469	Tequesta, FL 33469 City & State		+	. FE! Numbe	20-50	14/1/	Z Apr	olied For
						FÖR	14		Applicable
Zip	Country USA	Zip	Country US A	5	. Certificate	of Status Desired		\$8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
MARTINEZ, 31 2 3RD CC		Idress (P.O). Box Numbe	er is Not Acceptai	ole)		· · · · · · · · · · · · · · · · · · ·		
PALM BEACH GARDENS, Fy. 33410									
!	change.		City				FL	Zip Code	;
8. The above names 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 anistered agent.									
the obligations of Argistered agent. 19413 109									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE									
								400/01/11	
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00						In accordance corporation di	d not receive	.193(2)(b), i e the prior n	S., the otice.
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FFICERS AND	DIRECTORS	GIN 11
	DIR	☐ Oelete	TITLE	· · · ·				☐ Charige	Addition
i I	MARTINEZ, JAMES J 312 3RD COURT		NAME Street Address		40	01369	18979	રત	
1 1	PALM BEACH GARDENS, FL 33	3410	CHY-SI-ZIP		10/16/	01369 0801055	012 *	*150 <u>.00</u>	L
INTLE NAME		☐ Delete	TITLE NAME					Change	Addition
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CHTY-ST-ZIP			CITY-ST-ZIP	<u>. </u>					
TITLE NAME		Delete	TITLE NAME					☐ Change	Addition Addition
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GHY-ST-ZIP			CITY-ST-ZIP				· · · -	☐ Change	Addition
NAME NAME		☐ Delete	NAME					C) Grange	L.J Addition
STREET ADDRESS			STREET ADDRESS						
CHY-ST-ZIP		☐ Delete	CITY-ST-ZIP				<u></u>	☐ Change	Addition
NAME		L. Delete	NAME					<u> —</u> опанцо	
STREET ADDRESS CITY-S1-ZIP			STREET ADDRESS CITY-ST-ZIP						
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NAME			NAME	!					
STREET ADDRESS CITY-SI-ZIP			STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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.

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