2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000111701

1. Entity Name
MAF EXPRESS, CORPORATION

Principal Place of Business	Mailing Address
6739 S.W. 158TH AVENUE MIAMI, FL 33193	6739 S.W. 158TH AVENUE MIAMI, FL 33193

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number **NOT APPLICABLE**	Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALBERTY, MITCHEL 6739 S.W. 158TH AVENUE MIAMI, FL 33193	Name Street Address (P.O. Box Number is Not Acceptable) City ___ **FL** ___ Zip Code

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 _____

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, 2009, 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 **P** NAME **ALBERTY, MITCHEL** STREET ADDRESS **6739 S.W. 158TH AVENUE** CITY-ST-ZIP **MIAMI, FL 33193**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/30/08--01037--015 **158.75	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: _____ 10-27-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #