PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN -8 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000133719

1. Corporation Name

EXPRESS AUTO WHOLESALERS, INC
600 S. STATE RD 7
PLANTATION, FL 33317

REINSTATEMENT 2009

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
600 S. State Rd 7	600 S. State Rd 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, FL 33317	City & State: Plantation FL 33317
Zip / Country: Broward	Zip / Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: Dec. 20/2007

5. FEI Number: 26-1611221 ☐ 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: Ibrahim Hamma
Street Address (P.O. Box Number is Not Acceptable): 4779 Collins Ave
Suite, Apt. #, Etc.: B3805
City: Miami Beach | State: FL | Zip Code: 33140

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 01-08-10
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
P.	Ibrahim Hamma	4779 Collins Ave B3805	Miami Beach, FL 33140
		100116408 3451	
		12/31/09 60033	002 $84.50
		12/31/09 01032	003 $62.50

10. E-mail Address: expressautowholesalers@yahoo.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or 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., 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.

SIGNATURE: _____ Ibrahim Hamma 01-08-10 954-585-6160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #