
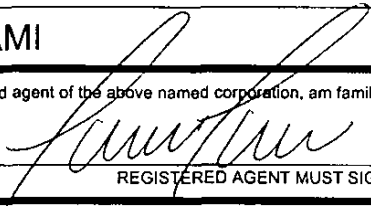
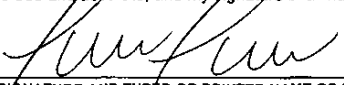


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="text-align: center;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">VOID</div> <div style="font-size: 0.8em; opacity: 0.5;">FILED JUN -6 PM 2:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # P93000038373			
1. Corporation Name PHONE EXPRESS, INC.			
2. Principal Office Address 4645 SW 94th AVENUE		3. Mailing Office Address 4645 SW 94th AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33165	Country USA	Zip 33165	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 05/28/1993		5. FEI Number 65-0436032	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name LOURDES L. CAMPBELL			
Street Address (P.O. Box Number is Not Acceptable) 4645 SW 94th AVENUE			
Suite, Apt. #, Etc. -			
City MIAMI		State FL	Zip Code 33165
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 		Date 06/30/2006	
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
PD	LOURDES L. CAMPBELL	4645 SW 94th AVENUE	MIAMI, FL 33165
10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: 		LOURDES L. CAMPBELL	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 06/30/2006	Daytime Phone #