FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 NOV 27 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000029877

1. Corporation Name

X-Press Freight Forwarders (USA), Inc.

REINSTATEMENT 96-02

300009240403
11/27/02--01061--005 **1650.00

2. Principal Office Address		**3.** Mailing Office Address	
2586 N. Lane Ave.		2586 N. Lane Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville, Fl		City & State: Jacksonville, Fl	
Zip: 32254	Country: USA	Zip: 32254	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/17/95

5. FEI Number: X 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: Mitchell W. Legler

Street Address (P.O. Box Number is Not Acceptable): 300 A. Wharfside Way

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32207

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: 11/25/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D	Ernesto Vilanova	1223 Luchetti St. #2N, Condado	San Juan, PR 00927
VTD	Liza Vilanova	Paseo de las Flores SC 35	Trujillo Alto, PR 00976
S	Ivonne Vilanova	Parque del Monte MC-54 Encantada	Trujillo Alto, PR 00767

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 under section 119.07(3)(i), 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: _____ 11/22/02

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

jp 12/4/02