2. Principal Office Address 2. Principal Office Address 3. Mailing Office Address 4. Date Incorporated or Qualified 7. Do Business in Florida 7. Do Business in Florida 7. Do Business in Florida 7. North BOCA RATON, FL 33.481 2. PEN Number 6. CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Namp C YNTHIA L. TENBERG, PLATT & TENBERG, P.A. Street, Address in 3. Box Number is Not Acceptable of Status Street, Address in 3. Box Number is Not Acceptable of Status 8. I, being appointed the prostered agent of the above named corporation, and familiar with and accept the obligations of section 807.0503 or 617.0503, F.S. Signature of Registered Agent Name of Officers and/or Directors Off	PLEASE READ	ALL INSTRUCTIONS BEFORE COM	MPLETING THIS-FORM.	
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Suite, Act. #, etc. Suite, Apt. #, etc. 4. Data incorporated or Qualified 7-10-1995 To Do Business in Foods 7-10-10-1995 To Do Business in	U.S.INTERNATIONAL EXP	RESS, INC.		
29 33437 Country U.S.A. 33481 Country U.S.A. 6 CERTIFICATE OF STATUS DESIRED \$33487 Country U.S.A. 33481 Country U.S.A. 6 CERTIFICATE OF STATUS DESIRED \$3487 Additional Fee requires for a Scriptificate of Status 7. Name and Address of Current Registered Agent Street, Address IP 9, Box Number is Not Accordable) of STREET Sure, Apt. #, Etc. City DMPANO BEACH 8. 1. being appointed the properties not Accordable) of STREET Sure, Apt. #, Etc. City DMPANO BEACH 8. 1. being appointed the properties agent of the above named corporation, aim familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors) 7. Tales 7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors) 8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors) 7. Tales 7. Name and Addresses of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors) 7. Date of Park Addresses of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors) 7. Tales 7. Name of Each Fig. 23 Additional Street Addresses of Each Officer and/or Director and/or Director and/or Director City (State / Zip 7. Dan Name of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors) 7. Tales 7. Dan Name of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors) 7. Dan Name of Each Fig. 33 Additional Street Addresses of Each Officer and/or Director City (Florida nonprofit corporation and Each Officer and/or Director Dan Name of Each Officer and/or Director Dan Name of Each Dan Name o	Suite, Apt. #, etc. City & State	P.O. BOX 811443 Suite, Apt. #, etc. City & State	Date Incorporated or Qualified 7-10-1995	
7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. I, being appointed the propagate 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 8. I, being appointed the propagate 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 9. Names and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must fist at least 3 directors) 9. Names and Street Addresses of Each Officer and/or Directors 9. Names of Officer and/or Directors 9. Name of Officer and/or Directors 9. Names and Street Addresses of Each Officer and/or Directors 9. Names of Each Officer and/or Directors 9. Name of Officer and/or Directors 10. Name of Officer and/or D	Zip Country	DOCA NATON, FL	550593026 Not Applicable	
Name C YNTHIA L. TENGERG, PLATT \$ TENGERG, P. A. Street Address IP 9. Box Number is Not Acceptable of STREET Suite, Apr. 8, Etc. City DOMPANO BEACH 8. 1, being appointed the projected agent of the above named corporation, aim familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Titles Officers and/or Directors Officer and/or Director City / State / Zip 8. In Names and Street Addresses of Each Officer and/or Director Director City / State / Zip 9. Names and Street Addresses of Each Officer and/or Director Director City / State / Zip 9. Names and Street Addresses of Each Officer and/or Director City / State / Zip 9. Names and Street Addresses of Each Officer and/or Director City / State / Zip 9. Names and Street Addresses of Each Officer and/or Director City / State / Zip 9. Names and Street Addresses of Each Officer and/or Director City / State / Zip 9. Names and Street Addresses of Each Officer and/or Director City / State / Zip 9. Names and Street Addresses of Each Officer and/or Director City / State / Zip 9. Names and Street Addresses of Each Officer and/or Director City / State / Zip 9. Names and Street Addresses of Each Officer and/or Director City / State / Zip 9. Names and Street Addresses of Each Officer and/or Director City / State / Zip 9. Names and Street Addresses of Each Officer and or City / State / Zip 9. Names and Street Addresses of Each Officer and or City / State / Zip 9. Names and Street Addresses of Each Officer or City / State / Zip 9. Names and Street Addresses of Each Officer or City / State / Zip 9. Names and Street Addresses of Each Officer or City / State / Zip 9. Names and Street Addresses of Each Officer or City / State / Zip 9. Names and Street Addresses of Each Of	33437 U.S.A.	33481 U.S.A.	CERTIFICATE OF STATUS DESIRED of for a Certificate of Status	
8. 1, being appointed the projectered agent of the above named corporation, aim familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent	Name YNTHIA L. TENBERG, PLATT & TENBERG, P.A. Street Address (P.O. Box Number is Not Acceptable) of STREET			
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 Name of Officer and/or Directors PRES PRES PRES TOHN H. KAELIN, TR. 12087 ROHA ROAD BOYNTON BERCH, FL 33437 VICE TOHN H. KAELIN, TR. 12087 ROHA ROAD BOYNTON BERCH, FL 33437 DIRECTOR DONNA L. FOLGO 12087 ROHA ROAD BOYNTON BORCH, FL 33437 DIRECTOR TOHN H. KAELIN, TR. 12087 ROHA ROAD BOYNTON BORCH, FL 33437 DIRECTOR TOHN H. KAELIN, TR. 12087 ROHA ROAD BOYNTON BORCH, FL 33437 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 filling 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 fail and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(0, F.S. that all fees owed by the corporation have been fail and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(0, F.S. that all fees owed by the corporation have been fail and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(0, 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: NAME OF TOTAL ACCURATE AND ADVITED TO TOTAL ACCURATE AND ADV	SPOMPANO B	EACH		
Titles Officers and/or Directors Street Address of Each Officer and/or Director DONNA L. FOLGO 12087 ROMA ROAD BOYNTON BEACH, FL 33437 OFFICER DONNA L. FOLGO 12087 ROMA ROAD BOYNTON	Signature of Registered Agent Cyrthurd Senberg Sig. Date 2/23/2005			
Officer and/or Directors Officer and/or Director DONNA L. FOLGO IZO87 ROMA ROAD SUMTAN BEACH, FL 33437 OIRECTOR DONNA L. FOLGO IZO87 ROMA ROAD SOYNTON BEACH, FL 33437 OIRECTOR TOHN H. KAELIN, JR. IZO87 ROMA ROAD SOYNTON BEACH, FL 33437 OIRECTOR TOHN H. KAELIN, JR. IZO87 ROMA ROAD SOYNTON BEACH, FL 33437 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 beam 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: Officer and/or Director ROMAN ROAD BOYNTON BEACH, FL 33437 OIR CON BEACH, FL 33437 OIR CON	· · · · · · · · · · · · · · · · · · ·		directors)	
VICE TOHN H. KAELIN, JR. IA 087 ROHA ROAD SOYNTON SEACH, FL 33437 OIRECTOR DONNA L. FOLGO IA 087 ROHA ROAD SOYNTON BEACH, FL 33437 OIRECTOR JOHN H. KAELIN, JR. IA 087 ROHA ROAD SOYNTON BEACH, FL 33437 OIRECTOR JOHN H. KAELIN, JR. IA 087 ROHA ROAD SOYNTON BEACH, FL 33437 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 filling 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 fail 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: WARWARD PRESIDENT 2-23-05 (St.)) 733-1770	Officers and/or Directors		City / State / Zip	
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DONNA L. FOLGO 13,087 RIMA RIAD BOYNTON BEPCH, FL. 33+137 DIRECTOR JOHN H. KAELIN, JR. 13,087 RIMA RIAD BOYNTON BEPCH, FL. 33+137 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 filling 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: **ONNA L. FOLGO 13,087 RIMA RIAD BOYNTON BEPCH, FL. 33+137 **ONNA L. FOLGO 13,087 RIMA RIAD BOY	PRES JOHN H. KAE	ELIN, JR. 12087 ROMA RO.	AD SOUNTAN BEACH, FL 33437	
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	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			

FOLGO

LEE

DONNA



2470 NE 23rd Street • Pompano Beach • FL 33062 • (954)784-6699 • Facsimile (954)784-9099

February 23, 2005

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: P95000053042

To Division of Corporations:

The above stated law office represents U. S. International Express, Inc. Enclosed please find a completed Corporation Reinstatement request along with a check in the amount of \$1,500.00 as the reinstatement fee.

Please advise if any additional information is needed. Please direct all correspondence to this office. Thank you.

Sincerely yours,

Platt & Tenberg, P.A.

Cynthia L. Tenberg, Esq.

Clt/nb

Enclosures