

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 NOV -1 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000058 985

1. Corporation Name

XPRESS LAB, Inc.

2. Principal Office Address

3663 SW 8th Street

Suite, Apt. #, etc.

Suite 210

City & State

Miami, Florida

Zip

33135

Country

Miami/Dade

3. Mailing Office Address

3663 SW 8th Street

Suite, Apt. #, etc.

Suite 210

City & State

Miami, Florida

Zip

33135

Country

Miami/Dade

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/99

5. FEI Number

65-0767171

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

Marcos A. Guerra

Street Address (P.O. Box Number is Not Acceptable)

3663 SW 8th Street

Suite, Apt. #, Etc.

Suite 210

City

Miami

State
FL

Zip Code

33135

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

Marcos A. Guerra
REGISTERED AGENT MUST SIGN

Date 10/28/02

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/P	Luis F. Chirino	7851 NW 160th Terr	Miami, Florida 33016

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Date

Daytime Phone #

CR2E081 (9/01)

11/7/02

XPRESS LAB, Inc.
Miami, Florida

October 28, 2002

Florida Department of State
Secretary of State
Tallahassee, Fla. 32399

Re: XPRESS LAB, Inc.
EIN: 65-0767171
Fl. Charter #: P97000058985

Gentlemen:

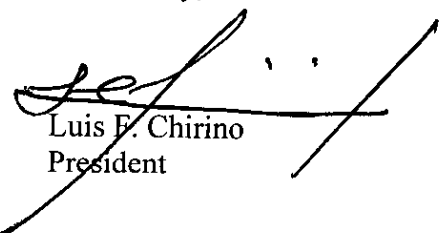
Enclosed please find check for \$150.00 representing the 2002 fee for the above corporation Florida Annual Report.

This corporation never were in operation and the address that you have on record was not used by the Corporation during 2002. In fact we are in the process of filing for bankruptcy.

We never received any of your request for payments of 2002 annual report and it was our attorney that let us know the Corporation is under Administrative Disolution.

We respectfully request the abatement of all penalties imposed (\$600.00) for the reasons explained above.

Yours truly,


Luis E. Chirino
President