FILED

2006 OCT 30 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000032058

1. Corporation Name

PRIMEXPRESS INTERNATIONAL HOLDINGS INC

W06-45748

REINSTATEMENT 06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
2656 NE 35TH Street	2656 NE 35th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33306 Country: USA	Zip: 33306 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/06/1998

5. FEI Number: 65-0830909 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certified Copy

7. Name and Address of Current Registered Agent

Name: LENA FORRE

Street Address (P.O. Box Number is Not Acceptable): 2656 NE 35TH STREET

Suite, Apt. #, Etc:

City: FORT LAUDERDALE State: FL Zip Code: 33306

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 _____

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/D	LENA FORRE	2656 NE 35th STREET	FORT LAUDERDALE, FL, 33306
S/T	LARISA POULSEN	2656 NE 35th STREET	FORT LAUDERDALE, FL, 33306

000090825130
10/19/06--01034--013 **820.25

000091623515
11/09/06--01023--014 **29.75

000091623515
11/09/06--01023--015 **8.75

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: Lena Forre P/D LENA FORRE — 09/28/2006 — 954-568-6687

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

10/3 KEO