


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
Dec 13, 2007 8:00 A.M.
Secretary of State

REINSTATEMENT 05-07
CR2E081 (1/07)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P99000030803</u>			
1. Corporation Name <u>Express Desk, Inc</u>			
2. Principal Office Address - No P.O. Box # <u>4711 34th ST N.</u> Suite, Apt. #, etc. <u># E</u> City & State <u>ST. Petersburg</u> Zip <u>33714</u> Country <u>Pinellas</u>		3. Mailing Office Address <u>4711 34th ST. N. #</u> Suite, Apt. #, etc. <u># E</u> City & State <u>FL</u> Zip <u>33714</u> Country <u>Pinellas</u>	
7. Name and Address of Current Registered Agent Name <u>Douglas ETman</u> Street Address (P.O. Box Number is Not Acceptable) <u>4711 34th ST. N. # E</u> Suite, Apt. #, Etc. City <u>ST. Petersburg, FL</u> State <u>FL</u> Zip Code <u>33714</u>			
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 <u>[Signature]</u> Date <u>12/12/07</u> 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	Douglas ETman	4711 34th ST. N. # E	ST. Petersburg FL 33714
S	Flora Leclair	4711 34th ST. N. # E	ST. Petersburg, FL 33714
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: <u>[Signature]</u>		Date <u>12/12/07</u> (727) 522-9211 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

12/17/07