


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherin Harris
 Secretary of State
 DIVISION OF CORPORATIONS

2006

FILED
 01 OCT 15 AM 9:04
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P99000077929**
 1. Corporation Name
PHARMA EXPRESS INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
8150 SW 8 ST STE 105 MIAMI FL 33144	8150 SW 8 ST STE 105 MIAMI FL 33144



8/9/01 90044 028 -15000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/27/1999
City & State	City & State	5. FEI Number
Zip	Country	-65-0946285
		Applied For
		Not-Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DE ARMAS, ALINA	8150 SW 8 ST STE 105	MIAMI FL 33144

600004694856-2
 -11/27/01--01038--016
 ****600.00 ****600.00

MM

8. Name and Address of Current Registered Agent

DE ARMAS, ALINA
 8150 SW 8 ST STE 105
 MIAMI FL 33144

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *SIGNATURE REQUIRED* Date 10/10/01
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED* Date 10/10/01 Daytime Phone # (305) 265-9373
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)