	NI IO ITION	EI ODID A	DEPARTMEN	T OF STATE				
' API	PLICATION	.A	Katherine Ha				,	
DEN DHIDZ WORLD			Scretary of State		FILED STARL STARL OF STARL			
								DOCI
IMAIN	LETTER EXPRESS CO	RP.						
Principal Place of Business - Mailing Add			ess				-	
7311 NW 12 STE. #7 Miami Fl 3 US	•	STE. #7	MIAMI FL 33126					
	ddresses are incorrect in any way, line ncipal Office Address, If Applicable	nformation and enter correction below. ing Office Address, If Applicable		Date incorporated or Qualified				
						To Do Business in Florida 04/29/1991		
Suite, Apt. #, etc. Suite, Apt.			#, etc.		5. FEI Number OF COFO407		Applied For	
City & State	)	City & State				65-0258427 Not Applicab		
Zip	Country	Zip	Countr	·			75 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer at Name of Officers	nd/or Director (Flo	T-	ations must list at lea eet Address of Each		•		
Title(s)	2 and/or Directors 3			Officer and/or Director		City / State / Zip		
D	RIESSER, VICTOR		7311 NW 12TH STREET SUITE 7			MIAMI FL 33126		
VPS MARIA W. RIESSER			7311 NW 12TH STREET SUITE 7			MIAMI FL 33126		
				€ out security on s	70004981357943 -02/21/02010630203 *****300.00 *****300.00			
		*						
	-			r	O Nama and	Address of New Periotogod	Agast	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent Name				
RIESSER, VICTOR 7311 NW 12TH ST.			Street Address (I		P.O. Box Number is Not Acceptable)			
STE.				Suite, Apt. #, Etc.	· · · · · · · · · · · · · · · · · · ·			
MAMi	FL-33126	City			State FL			
10. I, being	g appointed the registered againt of the a	above named corp	oration, an familiar w	ith and accept the ob	bligations of Sect	tion 607.0505, F.S.		
Signature o Registered	of Agent		/requ	MRED		Date		

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 AND TYPED OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Subject: MIAMI LETTER EXPRESS CORP.

Ref. Number S48473

Dear Sirs:

According our telephone conversation I am enclosing the check # 10007 for the amount of \$300.00 in order to pay years 2001 - 2002, as well as the form duly signed.

As I explained you, we have been paying on time for the last years, but as we never received the documents on 2001, we did not send the payment.

Yours truly,

MARIA W. RIESSER

MANAGER