

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT -3 AM 8:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P0000007320**

1. Corporation Name

MIAMI-DADE EXPRESS COURIERS, INC.

Principal Place of Business

7205 NW 68TH STREET
 SUITE #2
 MIAMI FL 33166

Mailing Address

7205 NW 68TH STREET
 SUITE #3
 MIAMI FL 33166

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

2. New Principal Office Address, If Applicable
~~7042 NW 46th ST~~
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
01/24/2000

City & State
MIAMI 33166

City & State

5. FEI Number
65-0974894

Applied For
 Not Applicable

Zip
FL USA

Zip Country

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
VD	SUAREZ, MICHELLE LYN	4500 NW 114TH AVE #221T 15764 NW 81st CT	MIAMI FL 33178 MIAMI LAKES, 33016
PD	SUAREZ, LUIS ALBERTO	4500 NW 114TH AVE #221T 15764 NW 81st CT	MIAMI FL 33178 MIAMI LAKES, 33016
			000022794120 10/03/03--01069--025 **150.00
			000022794120 09/05/03--01063--007 **750.00

8. Name and Address of Current Registered Agent

SUAREZ, MICHELLE LYN
 7205 NW 68TH STREET SUITE #2
 MIAMI FL 33166
 7842 NW 46th ST
 MIAMI, FL 33166

9. Name and Address of New Registered Agent

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

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. or 617.0505, F.S.

Signature of Registered Agent

Michelle Lyn Suarez
 REGISTERED AGENT MUST SIGN

Date

8/30/03

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:

Sy Michelle Suarez
 REGISTERED AGENT MUST SIGN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/30/03 305-887-2011

CR2E040 (8/02)