

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 16 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04
200027653272

02/16/04--01025--009 **150.00


200027653272
01/27/04--01016--016 **150.00

4. Date Incorporated or Qualified To Do Business in Florida 5/28/02

5. FEI Number 37-1432366
Applied For Not Applicable

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

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # FOA 0000 58629

1. Corporation Name
The Courier, Inc.

2. Principal Office Address 42 NE 25 STREET

3. Mailing Office Address 42 NE 25 STREET

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami, FL

Zip Country
33137 USA

Zip Country
33137 USA

7. Name and Address of Current Registered Agent

Name
ERIC. P. STEIN ESQ.

Street Address (P.O. Box Number is Not Acceptable)
1820 Northeast 163rd Street, Suite 100

Suite, Apt. #, Etc.

City
North Miami Beach

State Zip Code
FL 33162

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 [Signature] Date 1/14/04

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
<u>PD</u>	<u>Peter Prospero</u>	<u>42 NE 25 STREET</u>	<u>Miami, FL 33137</u>
<u>SD</u>	<u>Raphael Adoouth</u>	<u>42 NE 25 STREET</u>	<u>Miami, FL 33137</u>
<u>CEO</u>	<u>Raphael Adoouth</u>	<u>42 NE 25 STREET</u>	<u>Miami, FL 33137</u>

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 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] 305-576-3110

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

CR2001 (10/02)



THE COURIER

42 NE 25 Street
Miami, FL. 33137
Ph. (305) 576-3110 • Fax (305) 571-3977

January 13th 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam,

During a routine check I noticed that my company was administratively dissolved. This came as a surprise to me as I never received the 2003 annual report in the mail.

Please accept this letter as a request for a waiver of the reinstatement fee. Enclosed is a check for \$150.00, which represents the filing fee for 2003.

I thank you for your cooperation.

Respectfully,

Peter Prospero
President