PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL 20 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000031925

1. Corporation Name
All Points Courier Services, Inc.

Principal Place of Business	Mailing Address
19 West Flagler Street Suite 310 Miami, FL 33131	19 West Flagler St. Suite 310 Miami, FL 33131

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
1333 South Miami Ave.	1333 S. Miami Avenue
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Miami, FL	City & State: Miami, FL
Zip: 33130 Country: USA	Zip: 33130 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: April 8, 1996

5. FEI Number: 65-0683530 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/C/D	Delores Saname	8400 SW 154 Circle Ct. Unit 725	Miami, FL 33193
V/S/D	Ramonita Rivera	8490 SW 154 Circle Court Unit 403	Miami, FL 33193

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-07/23/98--01093--015
****300.00 ****900.00

REINSTATEMENT 97-98 F.S. 7/21

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Ralph W./Symons 2575 South Bayshore Drive Suite 3A Coconut Grove, FL 33133	Name: Robin Taylor Symons Street Address (P.O. Box Number is Not Acceptable): 100 SE 2 Street Suite, Apt. #, Etc.: 3800 City: Miami State: FL Zip Code: 33131

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******8.75

CR2E040 (1/96)

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: Ralph W. Symons Date: 7/15/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] 7/15/98 (305) 379 4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #