

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 22 PM 4: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000000795

1. Corporation Name

PRIORITY INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

7400 MIAMI LAKES DR  
#D306  
MIAMI LAKES FL 33014  
US

7400 MIAMI LAKES DR  
#D306  
MIAMI LAKES FL 33014  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

12/30/1996

5. FEI Number

65-0158535  
~~65-0000196~~

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
PST	MERCEDES, QUESADA	1480 W 46 ST #320	MIAMI BEACH FL 33012

000003063520--5  
-12/07/99-01082-021  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUESADA, MERCEDES  
1480 WEST 46TH STREET  
~~SUITE 320~~  
MIAMI BEACH FL 33012

Name: Quesada, Mercedes  
Street Address (P.O. Box Number is Not Acceptable): 1475 WEST 46 STREET  
Suite, Apt. #, etc.: SUITE 226  
City: MIAMI BEACH State: FL Zip Code: 33012

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: Mercedes Quesada  
REGISTERED AGENT MUST SIGN

Date: 11/18/99

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: Mercedes Quesada  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MERCEDES QUESADA

Date: 10/18/99 (205) 379-9709  
Daytime Phone #