

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

97 MAR 31 AM 7:53

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **377674**

1. Corporation Name
CHOICE COURIER SYSTEMS OF FLORIDA, INC.

Principal Place of Business Mailing Address
14220 NE 18TH AVE **14220 NE 18TH AVE**
N MIAMI FL 33181 **N MIAMI FL 33181**

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

REINSTATEMENT ⁹⁶⁻⁹⁷

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/25/1971	
City & State		City & State		5. FEI Number	
Zip		Country		69-1320083	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ROSENBLATT, ARTHUR	14220 N.E. 18TH AVE.	N. MIAMI FL 500002130775--1 -04/02/97--01003--005 ***138.75 ***138.75
			500002130775--1 -04/02/97--01003--006 ***236.25 ***236.25
			500002130775--1 -04/02/97--01003--007 ***540.00 ***540.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ROTH, ARTHUR 14220 N E 18TH AVE NORTH MIAMI FL 33181		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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.
 Signature of Registered Agent: *[Signature]* Date: _____
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Arthur Rosenblatt* *Arthur Rosenblatt* 11/18/96 305 949-0805
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (7/96)