

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

98 DEC -7 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **377674**

1. Corporation Name

CHOICE COURIER SYSTEMS OF FLORIDA, INC.

Principal Place of Business

14220 NE 18TH AVE
N MIAMI FL 33181

Mailing Address

14220 NE 18TH AVE
N MIAMI FL 33181

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



REINSTATEMENT 98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/25/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1320083	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	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

400002710254--6
-12/11/98-01068-014
****750.00 ****750.00

12/9

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 <u>Rosenblatt, Arthur</u> Street Address (P.O. Box Number is Not Acceptable) <u>14220 NE 18th Avenue</u> Suite, Apt. #, Etc. City <u>North Miami</u> State <u>FL</u> Zip Code <u>33181</u>	

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

NATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/13/98

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:

NATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/98
Date

305-949-0909
Daytime Phone #

CR2E040 (98)