PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP -8 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G04586

1. Corporation Name

(Yes) Printing & Courier Services, Inc.

2003-05 9/14

2. Principal Office Address		**3.** Mailing Office Address	
2601 S. Bayshore Drive		2601 S Bayshore Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1000		Suite 1000	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33133	USA	33133	USA

4. Date Incorporated or Qualified To Do Business in Florida 10/14/1982

5. FEI Number 59 2337579 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Carlos A. Mas

200059462212
09/08/05--01060--004 **105.00

Street Address (P.O. Box Number is Not Acceptable): 2525 Ponce de Leon Boulevard

Suite, Apt. #, Etc.: 400

200059462212
09/08/05--01060--005 **8.75

City: Miami | State: FL | Zip Code: 33134-6012

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 _____ Date 09/02/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
DP	Bermello, Willy A.	2601 Granada Boulevard	Coral Gables, Fl 33134
DT	Bermello, Guillermo R.	726 Santander Avenue	Coral Gables, Fl
DS	Bermello, Daysi	2601 Granada Boulevard	Coral Gables, Fl 33134
DEVP	Ajamil, Luis	2601 S. Bayshore Drive	Miami, Florida 33133

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: _____ 09/01/2005 305 860 3723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #