

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 FEB 24 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G67771

1. Corporation Name

Quick Silver Courier & Parcel Service, Inc.

Principal Place of Business

Mailing Address

20533 Biscayne Blvd.  
Suite 4N325  
Aventura, Fl. 33180

20533 Biscayne Blvd.  
Suite 4N325  
Aventura, Fl. 33180

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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/1/83

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2173435

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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/D	Don Baar	20533 Biscayne Blvd. Suite 4N325	Aventura, Fl. 33180
			100002441861--7 -02/26/98--01087--030 ****900.00 ****900.00

REINSTATEMENT 97-98

50 2-25-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Don Baar  
20533 Biscayne Blvd., Suite 4N325  
North Miami Beach, Fl. 33180

Name

Don Baar

Street Address (P.O. Box Number is Not Acceptable)

20533 Biscayne Blvd., Suite 4N325

Suite, Apt. #, Etc.

City

Aventura,

State

FL

Zip Code

33180

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

REGISTERED AGENT MUST SIGN

Don Baar

Date 2/19/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don Baar, President

Date

305-524-8562

Daytime Phone #

CR2E040 (1/98)