

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

1996 NOV 25 PM 3:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # G99603

1. Corporation Name A.S.A.P. COURIER CORPORATION

Mailing Address: 523-A Industrial Avenue, Boynton Beach, Florida 33426
Principal Place of Business: 523-A Industrial Avenue, Boynton Beach, Florida 33426

REINSTATEMENT

Handwritten notes: "all info reqd for this"

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

DO NOT WRITE IN THIS SPACE

Form section containing fields for New Mailing Address, New Principal Office Address, Date Incorporated or Qualified To Do Business in Florida (13 March 1984), FEI Number (59-2386161), and Certificate of Status Desired.

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Lists Luci Vazquez and Kathy Tufts at 9357 Callindra Drive, Boynton Beach, Florida 33436.

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Form section for Name and Address of Current Registered Agent (Kathy Tufts) and Name and Address of New Registered Agent.

Form section for Signature of Registered Agent (Kathy Tufts) and Date (22 November 1996).

Form section for tax status: "If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [X] (See other side for additional information.)"

Form section for intangible tax: "Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [X] (See other side for information on intangible tax.)"

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Form section for SIGNATURE: Kathy A. Tufts, Director, dated 22 November 1996.

CREATED BY SH