

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR *reinstatement*  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

AND  
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 Principal Place of Business  
**523-A Industrial Avenue 523-A Industrial Avenue**  
**Boynton Beach, Florida 33426 Boynton Beach, Florida 33426**

**REINSTATEMENT**

*reinstatement*

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>13 March 1984</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2386161</b>	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a certificate of status.</b>	
Zip	Country	Zip	Country		

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	<b>Luci Vazquez</b>	<b>9357 Callindra Drive</b>	<b>Boynton Beach, Florida 33436</b>
STD	<b>Kathy Tufts</b>	<b>9357 Callindra Drive</b>	<b>Boynton Beach, Florida 33436</b>

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-11/26/96--01104--034  
\*\*\*\*775.00 \*\*\*\*775.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>Kathy Tufts</b> <b>9357 Callindra Drive</b> <b>Boynton Beach, Florida 33436</b>		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	

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 *Kathy A. Tufts* Date **22 November 1996**  
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)

12. 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.)

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.

SIGNATURE: *Kathy A. Tufts* 22 November 1996  
SIGNATURE AND TITLE OF APPLICANT OR AUTHORIZED OFFICER OR DIRECTOR