

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

1996 OCT 31 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G99761**

1. Corporation Name

BRICKELL EXPRESS COURIER SYSTEMS, INC.

Principal Place of Business

Mailing Address

**330 SW 27 AVE - 701
MIAMI FL 33136**

**330 SW 27 AVE - 701
MIAMI FL 33136**



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

2. New Principal Office Address, If Applicable

7800 SW 57 AVE - 2156

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7800 SW 57 AVE - 2156

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

03/15/1984

5. FEI Number

59-2388980

Applied For

Not Applicable

City & State

So Miami, Fla

City & State

So Miami, Fla

Zip

33143

Country

USA

Zip

33143

Country

USA

6. CERTIFICATE OF STATUS DESIRED

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
DP	GONZALEZ, JOSE R. JR.	330 SW 27 AVE - 701 7800 SW 57 AVE - 2156	MIAMI FL 33143
D	GONZALEZ, JOSE R. SR.	330 SW 27 AVE - 701 7800 SW 57 AVE - 2156	MIAMI FL 33143
			400001998744--1 11/07/96 01029 012 ***375.00 ***375.00

REINSTATEMENT *del 11/5/96*

8. Name and Address of Current Registered Agent

GONZALEZ, JOSE R., JR.
330 SW 27 AVE - 701 **7800 SW 57 AVE - 2156**
MIAMI FL 33136 **So Miami, FL 33143**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/22/96**

11. 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.)

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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/22/96**

Phone **(305) 854-8459**

CR22340 (7/96)