
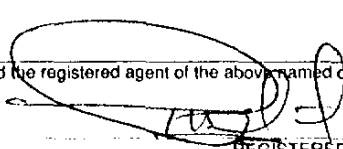
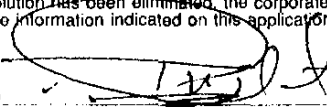


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED SEP 11 PM 4:17 TALLAHASSEE, FLORIDA	
DOCUMENT # <b>H06105</b> 1 Corporation Name <b>INNER CITY COURIER, INC.</b>					
Mailing Address		Principal Place of Business			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable <b>9949 NW 89th Ave</b> Suite, Apt. #, etc.		3. New Principal Office Address, If Applicable <b>9949 NW 89th Ave</b> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>06/01/84</b>	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		5. FEI Number <b>59-2416658</b> Applied For Not Applicable	
Zip <b>33178</b> Country <b>USA</b>		Zip <b>33178</b> Country <b>USA</b>		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)					
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		
P/S/D	THOMAS PORTAL	<del>9949 NW 89th Ave</del> <b>9949 NW 89th Ave</b>	MIAMI, FLA 33178		
			700002639137-8 -09/15/98-01006-015 ****\$08.75 ****\$08.75		
			REINSTATEMENT <u>97-98</u> SC 9-11-98		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
THOMAS PORTAL 9949 NW 89th Ave. MIAMI, FLA 33178		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code			
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 Date <b>08/18/98</b>					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (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 <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <b>THOMAS PORTAL</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>08/18/98</b> 305-887-1300 Daytime Phone #			