

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAR 30, PM 3: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H06105

1. Corporation Name

INNER CITY COURIER, INC.

Principal Place of Business

9949 NW 89TH AVE  
MIAMI FL 33178  
US

Mailing Address

9949 NW 89TH AVE  
MIAMI FL 33178  
US

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

2. New Principal Office Address, If Applicable

6504 SW 107 Place

Suite, Apt. #, etc.

MIAMI FL

City & State

33173 USA

Zip

Country

3. New Mailing Office Address, If Applicable

6504 SW 107 Place

Suite, Apt. #, etc.

MIAMI FL

City & State

33173 USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/1984

5. FEI Number

59-2416658

Applied For

Not Applicable

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 3	City / State / Zip 4
<del>PSB</del>	<del>PORTAL THOMAS</del>	9949 NW 89TH AVE	MIAMI FL 33178
PSD	PORTAL, THOMAS	6504 SW 107 Place	MIAMI FL 33173
			9000003195749--2
			04/04/00 01091 008
			***1108.75 ***1108.75

8. Name and Address of Current Registered Agent

PORTAL, THOMAS  
9949 NW 89TH AVE  
MIAMI FL 33178

9. Name and Address of New Registered Agent

Name

PORTAL, Thomas

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

6504 SW 107 Place

Suite, Apt. #, Etc.

MIAMI FL

City

State

FL

Zip Code

33173

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 3-6-00

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-00

Date

Daytime Phone #

KE