PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

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FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K03069

1. Corporation Name

02 MAY -6 PM 2: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MIR COURIER OXPI	rass dervi	() / / / / / / / / / / / / / / / / / /			·	
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Principal Office Address	- I			****380.00 ****300.0		
MB.N Lake PleasonT.			1			
ite, Apt. #, etc.	Suite, Apt. #, et	C.				
y & State	City & State		4. Date Incorpora	ated or Qualified ss in Florida $//-20-8$	3-7-	
PROPER FL		والدستريان الايا الاستهاميا	5. FEI Number = 59 -	2856372	Applied For	
32712 Country -L USA	Zip	Country	6.	STATUS DESIRED S8.75 Addit	tional Fee required	
	7. Nan	ne and Address of Current Re	egistered Agent			
Name K. K. Le	M0005					
Street Address (P.O. Box Number 178 N COKE Suite, Apt. #, Etc.	er is Not Acceptable)	TRd				
Suite, Apt. #, Etc.	4.				1	
Apopta				State Zip Code FL 307/2-		
I, being appointed the registered agent of the	e aboye named corporati	on, am familiar with and accep	t the obligations of section 6	07.0505 or 617.0503, F.S.		
nature of pistered Agent	Kemon	T MUST SIGN		Date	<u> </u>	
Names and Street Addresses of Each Office	er and/or Director (Florida	a nonprofit corporations must lis	st at least 3 directors)			
itles Name of Officers and/or Dire		Street Address o Officer and/or D	Each			
1						

(evin Lamons 478 N loke 7 lessont Rd Apopla Fr

Licertify 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.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AIR COURIER EXPRESS SERVICE, INC. A.C.E.S. 478 N. LAKE PLEASANT ROAD APOPKA, FLORIDA 32712

May 2, 2002

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Florida Department of State Secretary of State P.O. ox 6327 Tallahassee, FL 32314

Re: Document Number K03069

Please find enclosed the reinstatement papers for Air Courier Express Service, Inc. to reinstate my corporation. I have also enclosed a check for \$300.00. Our office never received your UBR notices.

Please process this reinstatement paperwork and put my corporation back into good standing. Thank you in advance for your help and cooperation.

Sincerely,

Kevin Lemons, Pres.