PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 JUN 20 PM 1:25

CORPORATION REINSTATEMENT

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

DOCUMENT # K 23905

1. Corporation Name

DOMESA COURIER CORPORATION

2. Principal Office Address		**3.** Mailing Office Address	
8250 N.W 25 ST		8250 NW 25 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite # 2		Suite # 2	
City & State		City & State	
Miami, Fl		Miami, Fl	
Zip	Country	Zip	Country
33122	USA	33122	USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida: 5/18/88 SF

5. FEI Number: 650060953 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Carlos F. Concepcion, Esq. Kilpatrick, Stockton LLP

Street Address (P.O. Box Number is Not Acceptable): 200 South Biscayne Boulevard

Suite, Apt. #, Etc.: Suite 2000

City: Miami, State: FL Zip Code: 33131

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****900.00 ****900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 6-18-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Gustavo Guariguata	8250 NW 25 TH # 2	Miami, Fl 33122
DS	William Macias	8250 NW 25 TH # 2	Miami, Fl 33122
DT	Joel Tortolero	8250 NW 25 TH # 2	Miami, Fl 33122

10. 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: Gustavo Guariguata President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #