

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K51470

1. Corporation Name

COURIER MASTERS INC

Principal Place of Business

Mailing Address

7913 N.W. 64 Street  
MIAMI FLORIDA 33166

SAME

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

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/1988

5. FEI Number

65-0089523

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
p/s/t	GUSTAVO CEJAS	10732 SW 138place	MIAMI FLORIDA 33186

REINSTATEMENT

9788  
11/5/98

8. Name and Address of Current Registered Agent

GUSTAVO CEJAS  
10732 SW 138place  
MIAMI FLORIDA 33186

9. Name and Address of New Registered Agent

Name  
GUSTAVO CEJAS  
Street Address (P.O. Box Number is Not Acceptable)  
10732 SW 138place  
Suite, Apt. #, Etc  
MIAMI Florida 33186  
City  
State  
FL 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12-29-97

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO CEJAS

Date

Daytime Phone #

12/29/97 (305) 5993601