


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 21 AM 8:47	
DOCUMENT # <u>674111</u>					
1. Corporation Name <u>ALL STOP COURIER SERVICE & DELIVERY CORP</u>					
Principal Place of Business <u>6620 SW 4TH ST</u> <u>MIAMI FL 33144</u>			Mailing Address 		
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <u>5/18/90</u> 5. FEI Number <u>65-0198474</u> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
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		
<u>PSD</u>	<u>EYAD MZEGHET</u>	<u>6620 SW 4TH ST</u>	<u>MIAMI FL 33144</u>		
				<u>200003029622--0</u> <u>-10/29/99--01081--023</u> <u>***150.00 ***150.00</u>	
8. Name and Address of Current Registered Agent <u>EYAD MZEGHET</u> <u>6620 SW 4TH ST</u> <u>MIAMI FL 33144</u>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <u>FL</u>		
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 <u>[Signature]</u> Date <u>10-19-99</u> <small>REGISTERED AGENT MUST SIGN</small>					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <small>(See other side for information on intangible tax.)</small>					
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>10-19-99</u> Daytime Phone #		

C22E081 (12/98)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE FL 32314

OCTOBER 19, 1999

RE: ALSTOP COURIER SERVICE AND DELIVERY CORP.,
DOCUMENT # L 74111

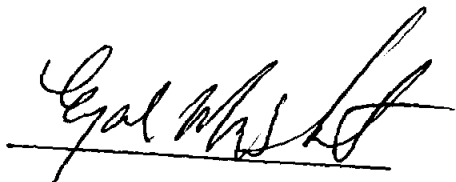
GENTLEMEN:

UNFORTUNATELY, DUE TO THE FORMER OWNER AND OFFICER
OF THE BUSINESS NOT RESIDING AT 13325 SW 45TH ST MIAMI,
FL. 33165 WE DID NOT GET THE RENEWAL FORMS ON
TIME. EVEN THOUGH WE KNOW THAT WE HAD TO
PAY THE RENEWAL FEE PRIOR TO 5/1/99, WE NEVERTHELESS
ARE REQUESTING YOUR WAIVING THE POSSIBLE EXTRA
FEES FOR LATE FILING.

THEREFORE CK # 252 FOR 150.00 IS BEEN ISSUED
TO COVER 1999 RENEWAL FEES.

THANKING YOU FOR YOUR PROMPT ATTENTION TO
THIS REQUEST.

RESPECTFULLY YOURS



ETAD MZEGEH, PRES
6620 SW 4TH ST
MIAMI FL 33144