

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L99608

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: COURIER TRANSPORTATION SERVICES, INC.

**Current Principal Place of Business:**

402 S. ELLIS ROAD  
JACKSONVILLE, FL 32254 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 41336  
JACKSONVILLE, FL 322031336 US

**New Mailing Address:**

FEI Number: 59-3026181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANASTASE, STEVEN M  
402 S. ELLIS ROAD  
JACKSONVILLE, FL 32254 US

**Name and Address of New Registered Agent:**

PETTY, TIM L  
402 S. ELLIS ROAD  
JACKSONVILLE, FL 32254 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIM L PETTY

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: ANASTASE, STEVEN M.,  
Address: 1292 HOLLYWOOD AVE.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: DVS ( ) Delete  
Name: PETTY, TIM L.,  
Address: 1035 HALSEMA ROAD  
City-St-Zip: JACKSONVILLE, FL 32220

Title: DV ( ) Delete  
Name: BRITT, HENRY F.,  
Address: 953 JONES RD.  
City-St-Zip: JACKSONVILLE, FL 32220

Title: D ( ) Delete  
Name: THOMAS, DAVID A.,  
Address: 20 HARMONY HALL RD  
City-St-Zip: MIDDLEBURG, FL 32068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ANASTASE, STEVEN M.,  
Address: 1292 HOLLYWOOD AVE.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DPT (X) Change ( ) Addition  
Name: BRITT, HENRY F.,  
Address: 953 JONES RD.  
City-St-Zip: JACKSONVILLE, FL 32220

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM L PETTY

DVS

04/01/2009

Electronic Signature of Signing Officer or Director

Date