

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -3 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000007320

1. Corporation Name

MIAMI-DADE EXPRESS COURIERS, INC.

Principal Place of Business

7205 NW 68TH STREET
SUITE #2
MIAMI FL 33166

Mailing Address

7205 NW 68TH STREET
SUITE #3
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

7042 NW 46th ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

MIAMI 33166

City & State

Zip FL Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2000

5. FEI Number

65-0974894

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	SUAREZ, MICHELLE LYN	4500 NW 114TH AVE #221T 15764 NW 81st CT	MIAMI FL 33178 MIAMI LAKES, 33016
PD	SUAREZ, LUIS ALBERTO	4500 NW 114TH AVE #221T 15764 NW 81st CT	MIAMI FL 33178 MIAMI LAKES, 33016

8. Name and Address of Current Registered Agent

SUAREZ, MICHELLE LYN
7205 NW 68TH STREET
SUITE #2
MIAMI FL 33166
7042 NW 46th ST
MIAMI, FL 33166

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of
Registered Agent

Michelle Lyn Suarez
MICHELLE LYN SUAREZ
REGISTERED AGENT MUST SIGN

Date

8/30/03

11. 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:

Michelle Lyn Suarez
MICHELLE LYN SUAREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/30/03 305-887-2011

CR2E040 (8/02)