PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FILED
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	04 MAY 21 PM 1:52  SLUBLIMAT UN STATE TALLAHASSEE, FLORIDA
DOCUMENT # POO 0000 9829 1. Corporation Name DANNY'S Messenge Aog Courier		TALLAHASSEE, FLORIDA
W		MERCSTETT OI-OUG
Wou - 11 2 Principal Office Address 17558 Sw 11 5 f	3. Mailing Office Address  17558 Su 11 St	06/03/03 01088 017 \$ 150.0 06/03/03 01088 016 \$ 900.00
Suite, Apt. #, etc.	City & State	4. Date Incorporated or Qualified To Do Business in Florida
Pembroka Tines, Fl	Pembroke lines, Fl	Applied For Not Applicable      S8.75 Additional Fee required.
33029 USA	33029 USA	CERTIFICATE OF STATUS DESIRED (for a Certificate of Status
Name  Danny Carch:  Street Address (P.O. Box Number is Not Acceptable)  17558 su 1157  Suite, Apt. #, Etc.  City Penboke Pines  State Zip Code FL 73929  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.		
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 05/LS/S-Y  REGISTERED AGENT MUST SIGN		
Names and Street Addresses of Each Officer an      Name of     Name of     Officers and/or Directors	d/or Director (Florida nonprofit corporations must list at le Street Address of Eac Officer and/or Directo	h Chi/State / Tin
Pandal DANN CAR		Pembroke Piner, 71, 33029
Ucclus Jose CARO	hi 17554 sw 11st	Penbroke Pines, F13729
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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 filling 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 Date Daytime Phone #		