

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 21 PM 4:00

DOCUMENT # 000000091950

1. Corporation Name
Zulymar International Courier Inc.

2. Principal Office Address
515 S.W. 12TH AVE

3. Mailing Office Address
515 S.W. 12TH AVE

Suite, Apt. #, etc.
SUITE # 505

Suite, Apt. #, etc.
SUITE # 505

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33130

Country

Zip
33130

Country

05/16/01 90369 007 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida NOV - 1 - 00

5. FEI Number
65-1049748

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Zulema Hawfield

Street Address (P.O. Box Number is Not Acceptable)
13440 SW 5 St.

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33184

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

Zulema Hawfield

Date 11-9-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Marcos Facchin	13440 SW 5 St	Miami, FL 33184

AD

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 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:

Zulema Hawfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-01

Date

786-247-2233

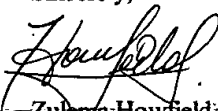
Daytime Phone #

Zulema Howfield
13440 SW 5 St
Miami, Fl. 33184
November 9, 2001

To whom it may concern:

This is to explain why I, Zulema Howfield, am sending the Corporation Reinstatement form now. I have recently moved and therefore the March 30th form was sent to the wrong address. I called to ask why I had not received it. The agent explained to me that it had been sent to the old address. I then requested the form and am sending it along with this letter. I am sorry for the inconvenience. If there are any questions do not hesitate to contact me at 786-247-2233.

Sincerely,



Zulema Howfield