2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000059752

1. Entity Name
LUMALPE COURIER DELIVERY, INC.

06 OCT 24 8:30

Principal Place of Business
14020 BISCAYNE BLVD SUITE 406
NORTH MIAMI BEACH, FL 33181

Lumalpe Courier Delivery Inc
PO Box 610696
North Miami, Fla 33261

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2. Principal Place of Business	3. Mailing Address
656 N.E. 125 St	P.O. Box 610696
Suite, Apt. #, etc. North Miami, FL.	Suite, Apt. #, etc.
City & State	City & State Miami Florida
Zip 33161 Country U.S.A.	Zip 33261 Country U.S.A.

4. FEI Number 65-1112726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, LUIS M
690 N.E. 160 TERR
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name Luis M. Perez

Street Address (P.O. Box Number is Not Acceptable)
4300 Sheridan Street

City Hollywood FL Zip Code 33021

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jason Elliott Jason Elliott 10-05-06
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD PEREZ, LUZ E 14020 BISCAYNE BLVD 406 NORTH MIAMI BEACH, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 500081130325 10/24/06--01005--019 **150.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP ELLIOTT, JASON 14020 BISCAYNE BLVD 406 NORTH MIAMI BEACH, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP PEREZ, LUIS M 690 NE 160 TERR MIAMI, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jason Elliott Jason Elliott 10-05-06 786-302-3821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Received OCT 24 2006