

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000064585

1. Entity Name
TRAVEL COURIER EXPRESS & FREIGHT SERVICES INC.



FILED

07 JAN 24 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1100 WEST 29 STREET, STE. I
HIALEAH, FL 33012

Mailing Address
1100 WEST 29 STREET, STE. I
HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1750 W. 46 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

341

City & State

City & State

Hialeah, FL

Zip

Country

Zip

33012

Country

4. FEI Number

65-1152766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, JACQUELINE
1750 W. 46 ST., APT. #341
HIALEAH, FL 33012

Name

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

City

FL

Zip Code

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, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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
PVP
CLARK, JACQUELINE
1750 W. 46 ST, #341
HIALEAH, FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700086467327
01/30/07--01003--019 ***300.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #