

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 16 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # FOA 0000 58629

1. Corporation Name

The Courier, Inc.

REINSTATEMENT 03-04

200027653272
02/16/04--01025--009 **150.00

200027653272
01/27/04--01016--016 **150.00

2. Principal Office Address

42 NE 25 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

42 NE 25 STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/28/02

5. FEI Number

37-1432366

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

ERIC. P. STEIN ESQ.

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

1820 Northeast 163rd Street, Suite 100

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33162

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

[Signature]

Date

1/14/04

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
P.D.	Peter Prospero	42 NE 25 STREET	Miami, FL 33137
S.D.	Raphael Adooth	42 NE 25 STREET	Miami, FL 33137
CEO	Raphael Adooth	42 NE 25 STREET	Miami, FL 33137

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-576-3110

Daytime Phone #

CR2E001 (10/02)



THE COURIER

42 NE 25 Street
Miami, FL. 33137
Ph. (305) 576-3110 • Fax (305) 571-3977

January 13th 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam,

During a routine check I noticed that my company was administratively dissolved.
This came as a surprise to me as I never received the 2003 annual report in the mail.

Please accept this letter as a request for a waiver of the reinstatement fee.
Enclosed is a check for \$150.00, which represents the filing fee for 2003.

I thank you for your cooperation.

Respectfully,

Peter Prospere
President