

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC -3 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000069191

1. Corporation Name

COURIER, CARGAS & MARITIMOS. CORP.

2. Principal Office Address - No P.O. Box #
17673 SW 47th Street

3. Mailing Office Address
17673 SW 47th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miramar

City & State
Miramar

Zip
33029

Country
Broward

Zip
33029

Country
Broward

4. Date Incorporated or Qualified
To Do Business in Florida 24/06/2002

5. FEI Number

☒ 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
Jose M. Fondeur

Street Address (P.O. Box Number is Not Acceptable)
17673 SW 47th Street

Suite, Apt. #, Etc.

City
Miramar

State
FL

Zip Code
33029

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/29/2007

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
DP	Jose M. Fondeur	17673 SW 47th Street	Miramar, Florida 33029
VP	Jose E. Fondeur	17673 SW 47th Street	Miramar, Florida 33029
DT	Luisa Nunez Fondeur	2330 CHESTNUT CT	Pembroke Pines, FL 33026

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 contained in Chapter 119, 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

11/29/2007
Daytime Phone # (954) 662-4826