


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

05 MAR 10 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO2000085977</u> 1. Corporation Name HERE, THERE & EVERYWHERE MESSENGER SERVICE INC.			
2. Principal Office Address 203 E 10th ST Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State	
Zip 33010	Country	Zip	Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida 08-08-2002	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name RAINER ARBELO			
Street Address (P.O. Box Number is Not Acceptable) 203 E 10th ST			
Suite, Apt. #, Etc.			
City HIALEAH	<table border="1"> <tr> <td>State FL</td> <td>Zip Code 33010</td> </tr> </table>	State FL	Zip Code 33010
State FL	Zip Code 33010		

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: _____

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	RAINER ARBELO	203 E 10th ST	HIALEAH, FL 33010

600048846636
03/22/05--01024--005 **450.00

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] **03-08-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)

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**HERE, THERE & EVERYWHERE MESSENGER
SERVICE INC.**

**TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314**

TO WHOM IT MAY CONCERN:

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2003 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

CORDIALLY,


**RAINER ARBELO
PRESIDENT**