## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P0200085977  1. corporation hams HERE, THERE & EVERYWHERE MESSENGER SERVICE INC.  2. Principal Office Address 2.33 E 10th ST Sute, Apr. 8, etc.  3. Mailing Office Address SAME Sute, Apr. 8, etc.  4. Date incorporated or Countified 10-10 Bournam in Profes 08-08-2002  4. Date incorporated or Countified 10-10 Bournam in Profes 08-08-2002  5. FIN makes  7. Name and Address of Current Registered Agenct  Name RAINER ARBELO  Store Address of Current Registered Agenct  Name RAINER ARBELO  Store Address of Current Registered Agenct  RESISTENCE OF STATUS DESIRED  T. Living appointed on registered agenct of time flow named corporation, and familiar with and accept the obligations of section 607 6555 or 677.6503, F.S.  Signature of Registered Agency  RESISTENCE AGENCY Of time and Date of time flow named corporation, and familiar with and accept the obligations of section 607 6555 or 677.6503, F.S.  Signature of Registered Agency Office and Date of time flow named corporation and time the section of time of t	CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						FILED  05 HAR 10 PH 1: 07					
Suite, Apt. #, etc.  City & State  Country  Signature  For a Country  Country  To Do Business in Florida  OB-08-2002  FEI Number  Applicability  For Applicability  For Applicability  To Do Business in Florida  OB-08-2002  FEI Number  Applicability  For Applicability  For Applicability  For Applicability  To Registrand Application  To Do Business in Florida  OB-08-2002  FEI Number  For Applicability  F	1. Corporat	lion Name	•				•		JALL	AHASSI É. I	r <u>C</u> GRIDA	
Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  4. Date incorporated or Qualified To be Business in Florida 08-08-2002  S. FEI Number	1					fice Address			at2	TEMEN	TY 1	72-0
Cey & State HIALEAH, FL  Zip 33010  Country  Zip Country  Zip Country  Zip Country  Zip Country  F. Name and Address of Current Registered Agent  Rainer ARBELO Street Address (P.C. Box Number is Not Acceptable)  Zinet Address (P.C. Box Number is Not Acceptable)  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  REGISTERED AGENT MUST SIGN  Street Address of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  City / State / Zip  Almes of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  City / State / Zip  Almes of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  City / State / Zip  Almes of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  City / State / Zip  Almes of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  City / State / Zip  Almes of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  City / State / Zip  Almes of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  City / State / Zip  Almes of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  City / State / Zip  Almes of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  City / State / Zip  Almes of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and Almes of Officers and/or Director or the receiver of Each Officers and Directors of Each Officers and Directors of Each Officers and Directors of Each	Suite, Apt. #	, etc.		Suite, Apt. #, etc.				4. Data Inco	rporated or	Qualified		
State   Stat		City & State	te ·			5. FEI Number   Applied For						
Name Address (P.O. Box Number is Not Acceptable) 203 E 1.0th ST  Sute, Apt. #, Etc.  City HiALEAH  B1 33010  8. 1, being appointed the registered agent of the Move named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent		1	Country	Zip		Country		6. CERTIFICA	TE OF STATE	US DESIRED (\$8.7)	5 Additional F	ee required
RAINER ARBELO  Street Address (P.O. Box Number is Not Acceptable) 203 E : 10th ST  Surte, Apt. #, Etc.  City HIALEAH  8. I, being appointed the registered agent of the bove 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  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officer and/or Directors  Officer and/or Directors  Officer and/or Director  Included the Agent				7. Name a	and Ac	idress of Curren	t Registe	red Agent				
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  9. Name of Officer and/or Directors  Titles Officers and/or Directors  Officers and/or Directors  Officer and/or D		Street Addre 203 E .10	ss (P.O. Box Number is N th ST	ot Acceptable)								
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Signature of Registered Agent  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  Officers and/or Directors  P/D  RAINER ARBELO  203 E 10th ST  HIALEAH, FL 33010  10. I certify that I am an officer or director or the receiver or trustue empowered to execute this application as provided for in chapter 607 or 617, F.S. I further cartify that when filling this reinstatament 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 name of individuals islated on this form do not qualify on 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.		HIALEAH	1									
Titles Name of Officers end/or Directors Officer and/or Director Officer and/or Director Officer and/or Director  P/D RAINER ARBELO 203 E 10th ST HIALEAH, FL 33010  BIJ 00 4 3 8 4 5 8 8 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Signature of	· //	X /	J			cept the o	obligations of sec		05 or 617.0503, F.S.		CRZE081 (01/05
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SIGNATURE: 03-08-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #	this rei owed t on this	nstatement app by the corporation is to application is to	dication, the reason for dis on have been paid and the rue and accurate, and my	solution has been elimi names of individuals l signature shall have the	inated, listed o e same	the corporate name in this form do not a legal effect as if	ne satisfie qualify fo made und	es the requirement or an exemption user oath.	nts of section inder section	n 607.0401 or 617.04 n 119.07(3)(i), F.S. Tr	401, F.S., that ne information	ali fees .



## 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