

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000126076

1. Corporation Name

COURTESY PROCESS SERVERS CORPORATION

FILED

03 OCT 30 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

6800 BIRD ROAD

3. Mailing Office Address

6800 BIRD ROAD

Suite, Apt. #, etc.

191

Suite, Apt. #, etc.

191

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33155

Country

USA

Zip

33155

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2002

5. FEI Number

02-0659665

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03
W3F

7. Name and Address of Current Registered Agent

Name

CARLOS PARDO

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

6800 BIRD ROAD

Suite, Apt. #, Etc.

191

City

MIAMI

State
FL

Zip Code
33155

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 **10/28/2003**

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	CARLOS PARDO	6800 BIRD ROAD	MIAMI, FLORIDA 33155

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 10/28/2003

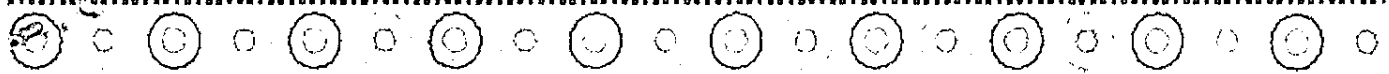
Date

3053881083

Daytime Phone #

CR2E081 (10/02)

JK



COURTESY PROCESS SERVERS CORPORATION

**6800 BIRD ROAD
SUITE 126
MIAMI, FLORIDA 33155**

TO WHOM IT MAY CONCERN:

RE: P02000126076

**PLEASE BE ADVISED WE DID NOT RECEIVE RENEWAL NOTICE FROM YOUR
REFERENCE THE ABOVE MENTION CORPORATION. I FOUND OUT THAT ONE OF
OUR VENDORS. THEY CHECKING COMPANY STATUS. PLEASE FIND I ENCLOSED
150.00 CHECK FOR RENEWAL AND 8.75 FOR A CERTIFICATE OF STATUS.
PLEASE SEND US THE CERTIFICATE ASAP POSSIBLE.**

**YOUR ATTENTION TO THIS MATTER
WOULD BE GREATLY APPRECIATED**

**CARLOS PARDO
PRESIDENT**