## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P03000032150  1. Corporation Name A & R PARCEL DELIVERY, INC.  2. Principal Office Address - No P.O. Box # 401 SE 19TH AVE 3. Mailing Office Address 401 SE 19TH AVE 401 SE 19TH AVE 5. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 03/17/2003  5. FEI Number   Applied To Do Business in Florida 03/17/2003  7. Name and Address of Current Registered Agent   Applied To Do Business in Florida 03/17/2003  7. Name and Address of Current Registered Agent   Applied To Do Business which the entity did not received Active Signature of Agent Port on Clicks. By checking this box, are certificated which the entity did not received and requesting the reinstatement fee by waived.  8. Loang appointed the gopenhal agent of the above named colporation, finifigantillarywith and accept the obligations of section 607 0006 or 617.0503, F.S. Signature of Registered Agent Polymon Beach Registered Agent Registered Reg	FILED 08 SEP 26 PH 2: 19		
A & R PARCEL DELIVERY, INC.  2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 401 SE 19TH AVE 401 SE 19TH AVE  Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 4. Data Incorporated or Qualified To Do Business in Florida 03/17/2003  5. FEI Number 7 Applied To Do Business in Florida 03/17/2003  5. FEI Number 8 Applied Not Applied To Do Business in Florida 03/17/2003  7. Name and Address of Current Registered Agent US 33060 US 6. CERTIFICATE OF STATUS DESIRED 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 5. Signature of Registered Agent 7. State 8. Suite Apt. #, Etc. 7. Suite Apt. #, Etc. 7. Suite Address (P.O. Box Number is Not Acceptable) 401 SE 19TH AVE 5. Signature of Registered Agent 6. L, being appointed the report on the above named corporation, #Mamiliar, with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent 6. Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  8. ALFONSO RUVALCABA 401 SE 19TH AVE #5 POMPANO BEACH, FL 33060	. STATE FLORIDA		
Suite, Apt. #, etc.  #5  #5  City & State  POMPANO BEACH, FL  Zip  Gountry  33060  US  To Name and Address of Current Registered Agent  Norme  ALFONSO RUVALCABA  Street Address (P.O. Box Number is Not Acceptable)  401 SE 19TH AVE  State  POMPANO BEACH  Street Address (P.O. Box Number is Not Acceptable)  FL  State  Street Address of Current Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  FL  State  Street Address (P.O. Box Number is Not Acceptable)  FL  State  Street Address of Current Registered Agent  FL  State  Street Address of Street Addr			
AUT SE 191H AVE  Suite, Apt. #, etc.  #5  #5  City & State  POMPANO BEACH, FL  POMPANO BEACH, FL  Zip  Country  33060  US  The reinstatement fee is imposed, except circumstances which the entity did not received and requesting the reinstatem fee be waived.  #5  City & State  POMPANO BEACH Suite  POMPANO BEACH, FL  Zip  Country  33060  The reinstatement fee is imposed, except circumstances which the entity did not received and requesting the reinstatem fee be waived.  #5  City & State  POMPANO BEACH  Street Address (P.O. Box Number is Not Acceptable)  401 SE 19TH AVE  Suite, Apt. #, Etc.  #5  City  State  Suite, Apt. #, Etc.  #5  Suite, Apt. #, Etc.  #5  Signature of Agent  REGISTERED ACENT MUST SIGN  REGISTERED ACENT MUST SIGN  Name and Street Addresses of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  PomPANO BEACH, FL 33060  PomPANO BEACH, FL 33060	نصطورون		
#5 #5 #5   #5   #5   #5   #5   #5   #5	-08_		
City & State  POMPANO BEACH, FL  Size Country  33060  US  To Name and Address of Current Registered Agent  Name ALFONSO RUVALCABA  Street Address (P.O. Box Number is Not Acceptable)  401 SE 19TH AVE  Suite, Apt. #, Etc.  #5  City POMPANO BEACH  FL  State  Size Code FL  Size Code FL  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  P. Names and Street Addresses of Each Officer and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Directors  POMPANO BEACH, FL 33060  Street Address of Each Officers and/or Directors  POMPANO BEACH, FL 33060	4. Date Incorporated or Qualified		
POMPANO BEACH, FL  Zip  3060  US  Zip  Country  US  3060  US  CERTIFICATE OF STATUS DESIRED  So. 7. Name and Address of Current Registered Agent  Name ALFONSO RUVALCABA  Street Address (P.O. Box Number is Not Acceptable)  401 SE 19TH AVE  Suite, Apt. #, Etc.  #5  City POMPANO BEACH  State  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  P. Names and Street Addresses of Each Officer and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Directors  P. Name of Officers and/or Directors  P. ALFONSO RUVALCABA  Street Address of Each Officer and/or Directors  Street Address of Each Officer and/or Directors  P. Name of Officers and/or Directors  P. ALFONSO RUVALCABA  A01 SE 19TH AVE #5  P. OMPANO BEACH, FL 33060			
Zip Country 33060 US  7. Name and Address of Current Registered Agent  Name ALFONSO RUVALCABA  Street Address (P.O. Box Number is Not Acceptable)  401 SE 19TH AVE  Suite, Apt. #, Etc. #5  City POMPANO BEACH  Registered Agent  Registered Addresse of Each Officer and/or Directors  Street Address of Each Officer and/or Directors  POMPANO BEACH, FL 33060  Street Addresse of Each Officer and/or Directors  POMPANO BEACH, FL 33060  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Alfonso RUVALCABA  401 SE 19TH AVE #5  POMPANO BEACH, FL 33060			
7. Name and Address of Current Registered Agent  Name ALFONSO RUVALCABA  The reinstatement fee is imposed, except circumstances which the entity did not receive the prior notices. By checking this box, yare certifying the prior notices were received and requesting the reinstatement fee be waived.  Suite, Apt. #, Etc. #5  City POMPANO BEACH  State FL 33060  State Suite Address of Each Officer and/or Directors  Titles  Officers and/or Directors  ALFONSO RUVALCABA  401 SE 19TH AVE #5  POMPANO BEACH, FL 33060			
Name ALFONSO RUVALCABA  Street Address (P.O. Box Number is Not Acceptable) 401 SE 19TH AVE  Suite, Apt. #, Etc. #5  City POMPANO BEACH  8. i, being appointed the registered agent of the above named corporation, amfamiliar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERES AGENT MUST SIGN  Titles  Name of Officers and/or Directors  Name of Officers and/or Directors  POMPANO BEACH, FL 33060  Titles  ALFONSO RUVALCABA  AU1 SE 19TH AVE #5  POMPANO BEACH, FL 33060	Status		
ALFONSO RUVALCABA  Street Address (P.O. Box Number is Not Acceptable) 401 SE 19TH AVE  Suite, Apt. #, Etc.  #5  City POMPANO BEACH  Silate   Zip Code   FL   33060  Street Address of Each Officer and/or Directors  Signature of Registered Agent  Name of Officers and/or Directors  Name of Officers and/or Directors  POMPANO BEACH  ALFONSO RUVALCABA  The reinstatement fee is imposed, except circumstances which the entity did not rece the prior notices. By checking this box, ) are certifying the prior notices were in received and requesting the reinstatemn fee be waived.  Signature of Registered Agent MUST SIGN  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles   Name of Officer and/or Directors   City / State / Zip    P. ALFONSO RUVALCABA   401 SE 19TH AVE #5   POMPANO BEACH, FL 33060			
Street Address (P.O. Box Number is Not Acceptable) 401 SE 19TH AVE  Suite, Apt. #, Etc. #5  City POMPANO BEACH  State Pompaniture of Registered Agent  REGISTERED AGENT MUST SIGN  Name of Officers and/or Directors  Name of Officers and/or Directors  Pompano BEACH  Name of Officers and/or Directors  Pompano BEACH  ALFONSO RUVALCABA  Circumstances which the entity did not receit the prior notices. By checking this box, y are certifying the prior notices were in received and requesting the reinstatem fee be waived.  State  Zip Code 133060  State Signature of Registered Agent  Date 9/9/08  REGISTERED AGENT MUST SIGN  Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  City / State / Zip  POMPANO BEACH, FL 33060			
Suite, Apt. #, Etc. #5  City POMPANO BEACH  State POMPANO BEACH  State Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Pompand Street Addresses of Each Officer and/or Directors  Street Address of Each Officers and/or Directors  ALFONSO RUVALCABA  Automatical street and prior notices were a received and requesting the reinstatems fee be waived.  Figure 1			
City POMPANO BEACH  State Pompanite and requesting the reinstatem fee be waived.  State Pompanite and	not		
State FL 33060  8. I, being appointed/the registered agent of the above named corporation, amitamiliar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent REGISTEREO/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 Street Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  P ALFONSO RUVALCABA 401 SE 19TH AVE #5 POMPANO BEACH, FL 33060	ent		
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  Name of Officers and/or Directors  P ALFONSO RUVALCABA  401 SE 19TH AVE #5  POMPANO BEACH, FL 33060			
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Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  P ALFONSO RUVALCABA 401 SE 19TH AVE #5 POMPANO BEACH, FL 33060	<b></b>   ·		
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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 fit 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 fe 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 indic on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  9/9/08  Date  Date  Date  Daytime Phone #	ees		