

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000040694

1. Entity Name
ROADMASTER COURIER SERVICES, INC.



FILED

05 SEP 22 PM 12:19

SEC. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9311 SW 88 TERRACE
MIAMI, FL 33176

Mailing Address

9311 SW 88 TERRACE
MIAMI, FL 33176

2. Principal Place of Business

8272 NW 68 St.

Suite, Apt. #, etc.

3. Mailing Address

8272 NW 68 St.

Suite, Apt. #, etc.

09212005

REIN-P

CR2E098 (6/04)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1182394

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALDERON, ADRIAN
9311 SW 88 TERRACE
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-21-05

FILE NOW! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT	☐ Delete
NAME	CALDERON, JUAN J	
STREET ADDRESS	9311 SW 88 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VPS	☐ Delete
NAME	CALDERON, ADRIAN J	
STREET ADDRESS	9311 SW 88 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	600060085306
STREET ADDRESS	09/29/05--01058--007 **150.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-21-05

305-718-9923

Date

Daytime Phone #