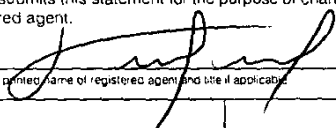
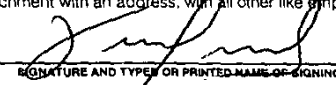


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000030256					
1. Entity Name A & S COURIER CORP.					
Principal Place of Business 7309 W. FLAGLER STREET MIAMI, FL 33144			Mailing Address 7309 W. FLAGLER STREET MIAMI, FL 33144		
2. Principal Place of Business 8325 NW 64 ST			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami FL			City & State		
Zip 33166			Country USA		
6. Name and Address of Current Registered Agent VILLAVICENCIO, ROBERT P 7309 W. FLAGLER STREET MIAMI, FL 33144			7. Name and Address of New Registered Agent Name: Jaime Hernandez Street Address (P.O. Box Number is Not Acceptable) 8325 NW 64 ST City: Miami FL Zip Code: 33166		
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$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	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete ☐	
	PD	RAMOS, MARIA	8201 NW 64 ST. #6		
		MIAMI, FL 33166			
	VPD	HERNANDEZ, MARIA I	8201 NW 64 ST. #6		
		MIAMI, FL 33166			
	D	HERNANDEZ, JAIME	8201 NW 64 ST #6		
		MIAMI, FL 33166			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 02-28-06 DAYTIME PHONE # _____					

FILED
06 MAR -7 AM 9:56

RECEIVED STATE
TALLAHASSEE, FLORIDA



02202006 REINSTATEMENT 05-06

4. FEI Number: 54-2147700
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

500067944945
03/16/06--01006--008 ***300.00

8/3/10