


2005 FOR PROFIT CORPORATION REINSTATEMENT

1/2

DOCUMENT # P04000117546

1. Entity Name
GR COURIER SERVICES INC




FILED

05 NOV 10 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1189 NW 125 PL MIAMI, FL 33182	Mailing Address 1189 NW 125 PL MIAMI, FL 33182
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2. Principal Place of Business 1189 NW 125 PL. Suite, Apt. #, etc.	3. Mailing Address SAME AS ABOVE. Suite, Apt. #, etc.
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10032005 REIN-P CR2E098 (6/04)

City & State MIAMI FL 33182	City & State MIAMI FL	4. FEI Number NONE	Applied For <input type="checkbox"/> Not Applicable
Zip 33182	Country DADE (USA)	Zip 33182	Country U.S.A.

6. Name and Address of Current Registered Agent

SPEEDY-PARALEGAL SERVICES, INC
2010 SW 23 ST
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name _____

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

City _____ State **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: *Gabriel Rendón* DATE: 10/17/05

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D,P	<input type="checkbox"/> Delete
NAME RENDON, GABRIEL	
STREET ADDRESS 1189 NW 125 PL	
CITY-ST-ZIP MIAMI, FL 33182	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600061764286

11/29/05--01073--020 **150.00

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: *Gabriel Rendón* DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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MAHI, SEPT 27/05

DIVISION OF CORPORATIONS
ATTENTION MICHELLE MILLIGAN.

DEAR MICHELLE

AS PER OUR CONVERSATION TODAY I AM
SENDING THE CHECK FOR \$150⁰⁰ AND I AM
ASKING YOU A HUGE FAVOR, TO SEE IF YOU
COULD WAIVE THE DUE DATE PENALTY. I DID
NOT RECEIVE THE NOTICE EXTENT TO DISJURE
SO I SENT A CHECK FOR \$150⁰⁰ ON SEPT 13/05
BUT I WROTE THE WRONG CORPORATION NUMBER.
PO40001175V8 AND THE CHECK WAS RETURNED.
MY CORPORATION NUMBER IS PO40001175Y6.

I WILL APPRECIATE ANY HELP

THANKS SO MUCH.

Gabriel Rondon.