


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000016957	
1. Entity Name DONEL COURIER INC.	

FILED

07 MAR -5 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1023 SW 125 PLACE MIAMI, FL 33184	Mailing Address 1023 SW 125 PLACE MIAMI, FL 33184
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2. Principal Place of Business - No P.O. Box # 29041 SW 134 CT	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03072007	REINSTATEMENT	CR2009 (10/1)	1609
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		

City & State Homestead, FL	City & State
Zip 33033	Country USA

6. Name and Address of Current Registered Agent GONZALEZ, MARIO 1023 SW 125 PLACE MIAMI, FL 33184	7. Name and Address of New Registered Agent Name: Betsy B ARTEAGA Street Address (P.O. Box Number is Not Acceptable) 29041 SW 134 CT City: Homestead FL Zip Code: 33033
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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.	600092349436 03/13/07--01018--005 ***300.00
SIGNATURE: <i>[Signature]</i>	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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GONZALEZ, MARIO 1023 SW 125 PLACE MIAMI, FL 33184 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(P) Betsy B. ARTEAGA 29041 SW 134 CT Homestead, FL 33033 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ARTEAGA, BETSY B 1023 SW 125 PLACE MIAMI, FL 33184 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i>	DATE