2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000083990

1. Entity Name
M & R COURIER CORPORATION

FILED
07 APR 26 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
13573 SW 287 TERR HOMESTEAD, FL 33033	13573 SW 287 TERR HOMESTEAD, FL 33033

REINSTATEMENT 06-07

04242007 REIN-P CR2E050 (1/01)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
19310 S.W 116 AVE	19310 S.W 116 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33157 Country	Zip: 33157 Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZULUAGA, MONICA
13573 SW 287 TERR
HOMESTEAD, FL 33033

7. Name and Address of New Registered Agent

Name (ADDRESS CHANGE)
Street Address (P.O. Box Number is Not Acceptable)
19310 S.W 116 AVE
City MIAMI FL Zip Code 33157

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPTS ZULUAGA, MONICA 13573 SW 287 TERR HOMESTEAD, FL 33033	☐ Delete	DPTS ZULUAGA, MONICA 19310 S.W 116 AVE MIAMI, FL 33157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	000101389640 05/03/07--01029--009 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4/24/07	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #