

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000153508</b> 1. Entity Name <b>COURIER SERVICES OF AMERICA, INC.</b>						<b>FILED</b> <b>07 FEB -8 AM 10: 41</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>49 SE 7TH ST - #1-D</b> <b>DEERFIELD BEACH, FL 33441</b>				Mailing Address <b>49 SE 7TH ST - #1-D</b> <b>DEERFIELD BEACH, FL 33441</b>			
2. Principal Place of Business - No P.O. Box # <b>320 SE 2nd Ave B2</b>		3. Mailing Address <b>P.O. Box 264</b>		 <b>REINSTATEMENT 06-07</b>			
Suite, Apt. #, etc. <b>B2</b>		Suite, Apt. #, etc. 					
City & State <b>Deerfield Bch FL</b>		City & State <b>Deerfield Beach, FL</b>					
Zip <b>33441</b>		Country <b>USA</b>		Zip <b>33441</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>BUTLER, RELLAR</b> <b>49 SE 7TH ST - #1-D</b> <b>DEERFIELD BEACH, FL 33441</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>320 SE 2nd Ave B2</b> City <b>Deerfield Beach</b> <b>FL</b> Zip Code <b>33441</b>			
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 <u><i>Rella R Butler</i></u> DATE <u><i>2/2/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>D</b>		NAME <b>BUTLER, MICHAEL</b>		TITLE <b>PO Box 264</b>		NAME <b>Deerfield Beach, FL 33441</b>	
STREET ADDRESS 				STREET ADDRESS 			
CITY - ST - ZIP 				CITY - ST - ZIP 			
TITLE <b>D</b>		NAME <b>BUTLER, RELLAR</b>		TITLE <b>PO Box 264</b>		NAME <b>Deerfield Beach, FL 33441</b>	
STREET ADDRESS 				STREET ADDRESS 			
CITY - ST - ZIP 				CITY - ST - ZIP 			
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CITY - ST - ZIP 				CITY - ST - ZIP 			
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: <u><i>Michael S Butler</i></u> DATE <u><i>2/3/07</i></u> DAYTIME PHONE # <u><i>954-426-5413</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			