


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000068942		
1. Entity Name BIRD POSTAL CENTER, CORP		

Principal Place of Business 14711 SW 40 ST BAY # 203 MIAMI, FL 33185	Mailing Address 14711 SW 40 ST BAY # 203 MIAMI, FL 33185
---	---

2. Principal Place of Business - No P.O. Box # 14711 SW 42 ST	3. Mailing Address Same
Suite, Apt. #, etc. # 202	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33185	Country USA

FILED
2008 JAN 17 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




01162008 REIN-P CR2E098 (1/07) REINSTATED 01/17/08

4. FEI Number 20-4902870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEREIRA, MARIBEL 16102 SW 106 TERR MIAMI, FL 33196	7. Name and Address of New Registered Agent Name MARIBEL PEREIRA Street Address (P.O. Box Number is Not Acceptable) 14711 SW 42 ST # 202 City MIAMI FL Zip Code 33185
---	--


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  1/16/08
Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREIRA, MARIBEL 16102 SW 106 TERR. MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14711 SW 42 ST # 202 MIAMI, FL 33185 <input checked="" 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200117597838 02/08/08--01013--003 **300.00 <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
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:  1/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #