


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 13 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000139925

1. Corporation Name

SENDEX. USA. INC

2. Principal Office Address - No P.O. Box #

8710 NW 99 ST.

Suite, Apt. #, etc.

11

City & State

MEDLYN, FL

Zip

33178

Country

USA

3. Mailing Office Address

8710 NW 99 ST

Suite, Apt. #, etc.

11

City & State

MEDLYN, FL

Zip

33178

Country

USA

300181203003
05-21-10 01039 007 \$363.75
05-21-10 01039 008 \$236.25
CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida

04/02/2006

5. FEI Number

20-5892547

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marisol Rojas

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

8710 NW 99 ST.

Suite, Apt. #, Etc.

11

City

MEDLYN

State

FL

Zip Code

33178

PROFIT CORPORATIONS ONLY

☐ The \$800.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0805 or 817.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	Marisol Rojas	8710 NW 99 ST.	MEDLYN, FL 33178

10. E-mail Address: sendex-usa@hotmail.com

marisolrojas@sendexusa.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation and have executed this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/13/2010 305-594-6921

Date

Daytime Phone #

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Miami, July 13, 2010

Sean P. Toner

Division of Corporations

Good afternoon.

The present is to communicate you that the only letter I have received from you is the one dated May 24th, 2010.

I am sending this letter to notify you that I have not received any prior annual report notices.

I sent twice the correction of the letter, via mail and the dates these letters were posted were May 28 and June 15th, 2010; but, I don't know what happened with the mail.

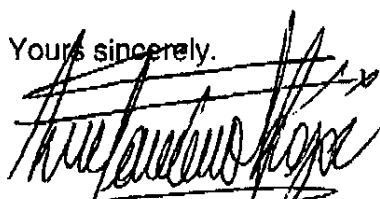
The first and the second time I spoke with an agent from the Florida Department of State Division of Corporations, and she told me that you did not receive any letters from SENDEX.USA.INC.

Please, can you give priority to this document; I depend on the TSA (Transport Security Administration of USA) to certify me as a carrier. Without this certification I am not able to continue working.

Thank you so much and I hope you can help me with this matter.

Have a good day.

Yours sincerely,



MARISOL ROJAS
SENDEX.USA.INC
8710 NW 99 St # 11
Medlyn Fl 33178
305 594 6920