PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB -4 PM 12:32

DOCUMENT # P09000052927

1. Corporation Name
1ST COURIER CORP.

900193377669
02/04/11--01036--005 **900.00
CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8362 PINES BLVD.	8362 PINES BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#163	#163
City & State	City & State
HOLLYWOOD, FL.	HOLLYWOOD, FL.
Zip / Country	Zip / Country
33024 / USA	33024 / USA

4. Date Incorporated or Qualified To Do Business in Florida 06/17/2009

5. FEI Number
27-0393200
☐ 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
CABANAS & ASSOCIATES, P.A.

Street Address (P.O. Box Number is Not Acceptable)
10520 NW 26TH STREET

Suite, Apt. #, Etc.
#C 201

City: DORAL | State: FL | Zip Code: 33172

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date FEB. 1, 2011
REGISTERED AGENT MUST SIGN

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
PS	CARLOS O. MANCIPE	8362 PINES BLVD.	Hollywood, Fl 33024
		STE. #163	
		REINSTATEMENT 10-11	
			B 2h/11

10. **E-mail Address:** maria@cabanaspa.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, 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 607.0401 or 617.0401, F.S., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Carlos O. Mancipe Feb. 1/2011 (954)534 6962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #