


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 01 DEC 21 PM 12:11
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P36746
 1. Corporation Name
WORLD COURIER GROUND, INC.



Principal Place of Business Mailing Address

2882 NW 79TH AVE.
 MIAMI FL 33122
 US

~~46 SOUTHFIELD AVE
 STAMFORD UNIVERSITY BLDG 3
 STAMFORD CT 06902
 -US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Zip Country Country

~~72 Pine Street
 Providence, RI
 02903 USA~~

4. Date Incorporated or Qualified To Do Business in Florida 12/19/1991

5. FEI Number 65-0299257 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
S	CALLAN, DARLENE E	46 SOUTHFIELD AVE, BLDG 3	STAMFORD CT 06902
P	ZALLER, MARC	46 SOUTHFIELD AVE, BLDG 3	STAMFORD CT 06902
CD	BERGER, JAMES R.	46 SOUTHFIELD AVE., BL 3	STAMFORD CT
D	HEYLAND, WAYNE B. W.	46 SOUTHFIELD AVE., BL 3	STAMFORD CT
T/S	Durniak, Michael	72 Pine Street	Providence, RI 02903

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number's Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* **PATRICIA A. CANARIC**
 SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

300004775819--9
 -01/15/02--01048--024
 ****750.00 ****750.00
 Date

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *Michael Durniak* **MICHAEL DURNIAK**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/01 401 459 0990
 Date Daytime Phone #

CR2E040 (8/01)