

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 AUG 18 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020899

1. Corporation Name

SURE SHOT MESSENGER SERVICES INC.

Mailing Address

P.O. BOX 1769
MIAMI FL 33233-1769

Principal Place of Business

P.O. BOX 1769
MIAMI FL 33233-1769

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

195 SW 15 Rd.
Suite, Apt. #, etc. 503-A

3. New Principal Office Address, If Applicable

same
Suite, Apt. #, etc. same

4. Date Incorporated or Qualified
To Do Business In Florida

03/19/1993

5. FEI Number

65-0378236

☒ Applied For
☐ Not Applicable

6.

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

City & State
Miami, FL

City & State
same

Zip
33129

Country
USA

Zip
33129

Country
USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Christopher T. Dorrough	195 SW 15 Rd Miami FL 33129	Miami FL 33129

600002272326--0
-08/20/97--01069--013
***1245.00 ***1245.00

REINSTATEMENT 94-97
9. Alan
8/18/97

8. Name and Address of Current Registered Agent

DOROUGH, CHRISTOPHER T
2562 S.W. 27TH ST.
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name Christopher T. Dorrough
Street Address (P.O. Box Number is Not Acceptable)
195 SW 15 Rd
Suite, Apt. #, Etc. 503-A
City Miami
State FL Zip Code 33129

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

REGISTERED AGENT MUST SIGN

Date

8-15-97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

8-15-97

CR2040 (6/94)