

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 30 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074810

1. Corporation Name

FRIENDLY FORWARDING SERVICES, INC.

Principal Place of Business

Mailing Address

7933 NW 21ST ST
MIAMI FL 33122
US

7933 NW 21ST ST
MIAMI FL 33122
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

Country

Zip

Country



REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1993

5. FEI Number

65-0496232

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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|---|
| D | ESQUIVEL, JUAN G | 9911 N.W. 5TH LANE - | MIAMI-FL 33172- |
| D | ESQUIVEL, JESUS E | 6273 S.W. 21ST STREET - 9911 NW 5th LANE | MIAMI FL 33144- 33172 |
| | | | |
| | | | |
| | | | 200002703382--6 -12/04/98-01073-011 ***750.00 ***750.00 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

MENA, DOLORES
2789 N.W. 82ND AVENUE--
MIAMI-FL 33122-

9. Name and Address of New Registered Agent

Name
JESUS E. ESQUIVEL
Street Address (P.O. Box Number is Not Acceptable)
9911 N.W. 5th LANE
Suite, Apt. #, Etc.

City

State

Zip Code

MIAMI

FL

33172

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 REQUIRED

Date 11/23/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/98 (305) 5130020

CRZE040 (9/98)