

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

96 NOV 26 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000011215**

1. Corporation Name

SUPER COURIER EXPRESS, INC.

Principal Place of Business

Mailing Address

8531 S.W. 35TH STREET
MIAMI FL 33165

8531 S.W. 35TH STREET
MIAMI FL 33165

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

2. New Principal Office Address, If Applicable

17124 S.W. 139 PL.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

17124 S.W. 139 PL.
Suite, Apt. #, etc.

REINSTATEMENT *all*

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1984

5. FEI Number

65-0469432

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33177

Country

DADG

Zip

33177

Country

DADG

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	BORROTO, RICARDO	1645 W. 42 ST. #2 17124 S.W. 139 PL	MIAMI FL MIAMI, FL 33177
VP	BORROTO, RICARDO	9531 SW 35 Street	MIAMI, FL 33165
VP	ANISIA, DIEGO	9531 SW 35 Street	MIAMI, FL 33165

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*****383.75 *****383.75

UBI-210-96

8. Name and Address of Current Registered Agent

BORROTO, RICARDO
1645 W 42 ST #2
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name: BORROTO, RICARDO
Street Address (P.O. Box Number is Not Acceptable)
17124 S.W. 139 PL
Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33177

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]
SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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.)

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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-225-1253