

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1998 DEC 10 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SCC 12-10-98



REINSTATEMENT '98

DOCUMENT # P94000039115

1. Corporation Name

ADVANCE COURIER SERVICES INC.

Principal Place of Business

4080 SW 84TH AVE  
#C  
MIAMI FL 33155  
US

Mailing Address

P.O. BOX 831206  
33283 FL 33183  
US

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

2. New Principal Office Address, If Applicable  
12855 SW 136TH AVE.

Suite, Apt. #, etc.  
104

City & State  
MIAMI, FL.

Zip  
33186

Country  
U.S.A.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

05/24/1994

5. FEI Number

65-0494518

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
<del>P</del>	<del>LAMAS, RAFAEL R</del>	<del>1203 SW 66TH STREET, #108B</del>	<del>MIAMI FL</del>
<del>S</del>	<del>LAMAS, RAFAEL R</del>	<del>16021 SW 30 TER</del>	<del>MIAMI FL 33183</del>
P	LAMAS, SUSANA	14203 SW 66th ST. # 203B	MIAMI, FL. 33183
S	BARRETT, CARLIE	2589 SW 25th ST.	MIAMI, FL. 33134
T	LAMAS, RAFAEL	14203 SW 66th ST. # 108B	MIAMI, FL. 33183

8. Name and Address of Current Registered Agent

LAMAS, RAFAEL R  
14203 SW 66TH STREET  
STE #108-B  
MIAMI FL 33183

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

~~100002713211-6~~

~~-12/15/98-01078-003~~

~~\*\*\*750.00 State \*\*\*750.00~~

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 REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12/09/98

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL LAMAS - TREASURER

Date 12/09/98

(305)969-8860  
Daytime Phone #

CR2EM40 (9/98)