

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 20 PM 1:17

DOCUMENT # **P940000 73155**

**1. Corporation Name**

**Ultimate Messenger Service, INC.**

**2. Principal Office Address**

**640 N.W. 36 CT.**

Suite, Apt. #, etc.

**B**

City & State

**MIAMI, FL.**

Zip

**33125**

Country

**USA**

**3. Mailing Office Address**

**640 N.W. 36 CT.**

Suite, Apt. #, etc.

**B**

City & State

**MIAMI, FL.**

Zip

**33125**

Country

**USA**

**REINSTATEMENT 99-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**1994**

**5. FEI Number**

**65-0524283**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**JORGE MENDEZ**

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

**640 N.W. 36 CT.**

Suite, Apt. #, Etc.

**B**

City

**MIAMI**

**900004527569-1**

**-08/09/01--01074--014**

**\*\*\*\*\*500.00 \*\*\*\*\*500.00**

**900004527569-1**

**-08/09/01--01074--015**

**\*\*\*\*\*500.00 \*\*\*\*\*500.00**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

**Jorge Mendez**  
REGISTERED AGENT MUST SIGN

Date

**7-14-01**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	JORGE MENDEZ	330 SW 119 AVE.	MIAMI, FL. 33125
			400004527574--6 -08/09/01--01074--016 *****58.75 *****58.75

**10. 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:

**Jorge Mendez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-14-01**

Date

**305-649-5997**

Daytime Phone #