

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 25 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000063580**

1. Corporation Name

**INTERNATIONAL DOCUMENTS & PARCEL EXPRESS, INC.**

Principal Place of Business

Mailing Address

8025 SW 107TH AVENUE STE 308  
MIAMI FL 33173

8025 SW 107TH AVENUE STE 308  
MIAMI FL 33173

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/18/1985

5. FEI Number

65-0620146

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
PRES-D	CESAR A. BAEZ	8025 SW 107 AVE #306	MIAMI, FL 33173
V.P.-D	VICTOR G. BAEZ	8025 SW 107 AVE #306	MIAMI, FL 33173

788882817847-1  
-12/02/96-01030-009  
\*\*\*\*375.00 \*\*\*\*375.00

VB11-25-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAEZ, CESAR A  
8025 SW 107TH AVENUE STE 308  
MIAMI FL 33173

Name

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

Suite Apt. #, Etc.

City

State  
FL

Zip Code  
33173

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 09/24/96

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

09/24/96 (302) 279-6725  
Date Daytime Phone

CR-2304 (7/85)