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 JUN 30 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000078738

1. Corporation Name
DAILY EXPORT COURIER, INC.

Principal Place of Business
12785 SW 19 ST
MIAMI, FLA 33175

Mailing Address

REINSTATEMENT 6-98

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
2750 W 68 STREET	2750 W 68 STREET
Suite, Apt. #, etc. #113-102	Suite, Apt. #, etc. #113-102
City & State HIALEAH, FLORIDA	City & State HIALEAH, FLORIDA
Zip 33016 Country DADE	Zip 33016 Country DADE

4. Date Incorporated or Qualified To Do Business in Florida 10/13/95

5. FEI Number [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	ANTONIO CASTELLANOS	2750 W 68 STREET SUITE 113-102	HIALEAH, FL 33016
VICE/PRES	ANTONIO CASTELLANOS	2750 W 68 ST SUITE 113-102	HIALEAH, FL 33016
SEC	ANTONIO CASTELLANOS	2750 W 68 ST SUITE 113-102	HIALEAH, FL 33016
TREA	ANTONIO CASTELLANOS	2750 W 68 ST SUITE 113-102	HIALEAH, FL 33016
	100002588281---1 -07/14/98--01054--004 ****700.00 ****700.00		100002588281---1 -07/14/98--01054--003 ****358.75 ****358.75

358.75

8. Name and Address of Current Registered Agent
GALINDO, MARIO
12785 SW 19 ST
MIAMI, FL 33175

9. Name and Address of New Registered Agent
Name: ANTONIO CASTELLANOS
Street Address (P.O. Box Number is Not Acceptable): 2750 W 68 STREET
Suite, Apt. #, Etc.: #113-102
City: HIALEAH State: FL Zip Code: 33016

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] Date: 6/25/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [ ] No [X] (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] ANTONIO CASTELLANOS 6/25/98 (305) 710-2503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #