

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
97 AR
Sandra B. Moynihan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000026988**

1. Corporation Name

JIREH COURIER SERVICE, INC.

Principal Place of Business

**8310 SW 29 ST.
MIAMI FL 33155**

Mailing Address

**8310 SW 29 ST.
MIAMI FL 33155**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

*8990 SW 24 ST #221
Miami, Florida
33165*

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1996

5. FEI Number

596718623

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
DP	ESPOSITO, PIETRO D	8310 SW 29 ST.	MIAMI FL 33155
DST	ESPOSITO, ELENA	8310 SW 29 ST.	MIAMI FL 33155

*600002353076--3
--11/20/97--01076--023
****173.75 ****173.75*

8. Name and Address of Current Registered Agent

**ESPOSITO, PIETRO D
8310 SW 29 ST.
MIAMI FL 33155**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Pietro Esposito
REGISTERED AGENT MUST SIGN

Elena Esposito

Date

10/27/97

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:

Pietro Esposito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pietro D. Esposito
Date

Date

Daytime Phone #

220-0197

FILED

97 NOV 19 AM 9:20

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



CR2040 (8/97)

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TO WHOM IT CONCERN,

RE.DOC# P96000026988

THIS IS TO NOTIFY THAT THE REASON WHY WE HAD NOT FILLED THE CORPORATION FEE IS BECAUSE WE HAVE NOT RECIEVED ANY PREVIOUS NOTIFICATION DUE TO THE FACT THAT OUR OFFICE ADDRESS HAS CHANGED. I CALLED YOUR OFFICE AND I WAS TOLD TO SEND IN A LETTER EXPLAINIG THE REASON WHY THIS WAS NOT DONE AND A CHECK IN THE AMOUNT OF \$173.75 AND THE APPLICATION SIGNED BY THE OFFICERS.

THANK YOU

Pietro D Esposito

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME AT (305) 220-0197
OUR NEW OFFICE ADDRESS IS 8990 SW 24 ST APT # 221 MIAMI, FL 33165