
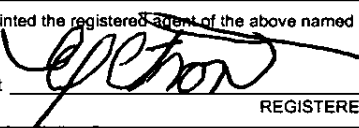



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000037573			
1. Corporation Name AMERICAN COURIER SERVICE CORP.			
2. Principal Office Address - No P.O. Box # 10779 N.W. 41 ST		3. Mailing Office Address 10779 N.W. 41 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33178	Country USA	Zip 33178	Country USA
7. Name and Address of Current Registered Agent			
Name ELBA I CINTRON			
Street Address (P.O. Box Number is Not Acceptable) 10779 N.W. 41 ST			
Suite, Apt. #, Etc.			
City DORAL		State FL	Zip Code 33178
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 		Date 10-23-2007	
REGISTERED AGENT MUST SIGN			
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
PD	ELBA I CINTRON	10779 N.W. 41 ST	DORAL, FL 33178
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 contained in Chapter 119, 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: 		10-23-2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
07 OCT 24 PM 2:52

RECEIVED
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 04/27/1998

5. FEI Number 650833480 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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11/02/07--01051--022 **750.00