

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000086396

1. Entity Name
AOG MESSENGER COURIER CORP.



FILED

04 NOV -1 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7329 NW 56 ST.
MIAMI, FL 33166

Mailing Address
7329 NW 56 ST.
MIAMI, FL 33166



2. Principal Place of Business
7329 N.W. 56 St.

3. Mailing Address
7329 N.W. 56 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10272004 REIN-P CR2E098 (6/04)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0867558

Applied For
Not Applicable

Zip
33166

Country

Zip
33166

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEPE, MARIA SILVANA
19621 S.W. 79TH PLACE
MIAMI, FL 33189

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Maria Silvana Sepe

(NOTE: Registered Agent signature required when reinstating)

DATE

10/27/04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SEPE, MARIA SILVANA
19621 S.W. 79TH PLACE
MIAMI, FL 33189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900042354549
11/01/04--01058--018 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Silvana Sepe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

10/27/04

Date

Daytime Phone #

305 885 2095