

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000093908

1. Entity Name
NICA EXPRESS COURIER, INC.



FILED
05 JAN -3 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 11398 WEST FLAGLER ST. SUITE 201 MIAMI, FL 33174 | Mailing Address 11398 WEST FLAGLER ST. SUITE 201 MIAMI, FL 33174 |
|--|--|

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|---|---------------------|
| 2. Principal Place of Business 1599 W. Flagler ST | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

City & State
MIAMI - FL

Zip
33135 Country
USA



10262004 REIN-P CR2E098 (6/04)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 65-0873232 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PAVON, RICARDO
11398 WEST FLAGLER ST.
SUITE 201
MIAMI, FL 33174**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|--|--|
| 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 | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">PD PAVON, RICARDO 11398 WEST FLAGLER ST. MIAMI, FL 33174</td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>VSTD PAVON, PATRICIA L 11398 WEST FLAGLER ST. MIAMI, FL 33174</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> </table> | PD PAVON, RICARDO 11398 WEST FLAGLER ST. MIAMI, FL 33174 | <input type="checkbox"/> Delete | VSTD PAVON, PATRICIA L 11398 WEST FLAGLER ST. MIAMI, FL 33174 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete |
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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | |
|---|---|--|---|---------------------|---|---|---|--|---|--|---|--|---|--|---|
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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: _____ **12/27/04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT *OK*