

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000068551 1. Entity Name COMMERCIAL SECURITY COURIER, INC.					
Principal Place of Business 387 NORTHEAST 69 STREET MIAMI, FL 33138				Mailing Address P.O. BOX 403892 MIAMI BEACH, FL 33140-3892	
2. Principal Place of Business - No P.O. Box # 7140 NW MIAMI CT Suite, Apt. #, etc. #3				3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI FL				City & State	
Zip 33150		Country USA		Zip Country	
4. FEI Number 65-0944505				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZULOAGA, IVETTE 925 ARTHUR GODFREY RD MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Name IVETTE Zuloaga Street Address (P.O. Box Number is Not Acceptable) 1521 ALTON RD #468 City MIAMI Beach FL Zip Code 33139	
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 <u><i>Ivette Zuloaga</i></u> 9/5/07 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZULOAGA, IVETTE 1521 ALTON RD # 314 MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ivette Zuloaga ☒ Change ☐ Addition 1521 ALTON RD # 468 MIAMI Beach, FL 33139		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZULOAGA, GUSTAVO 1521 ALTON RD # 314 MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUSTAVO Zuloaga ☒ Change ☐ Addition 1521 ALTON RD # 468 MIAMI Beach, FL 33139		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500110953415 10/18/07--01039--009 **\$50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 exemptions contained in Chapter 119, 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: <u><i>Ivette Zuloaga</i></u> 10/4/07 (305) 604-9696 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED

07 OCT 10 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10042007 REIN-P CR2E098 (1/07)



Transportation Services

P.O. Box 403892 - Miami Beach, FL 33140

October 4, 2007

Division of Corporation

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

RE: Commercial Security Courier – Doc # P99000068551

Millennium Security Agency – Doc # P06000097561

TO Whom It May Concern

I received a dissolution letter today for both of my companies; I had send the form and payments on 9/5/07 please see attached copies of such. I would appreciate if the late fees are waived for reinstatement; I am sending a new check and placing a stop payment for both checks send on my earlier annual report.

Thank you for your cooperation.


Yvette Zuloaga