

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000070980

1. Corporation Name

GLOBAL PARCEL SERVICES-FLORIDA, INC.

Principal Place of Business

36 N.E. 1ST STREET  
SUITE 429  
MIAMI FL 33132

Mailing Address

36 N.E. 1ST STREET  
SUITE 429  
MIAMI FL 33132

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/10/1999

5. FEI Number

65-0941373

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	HAI WAKNINE	550 S. Hill St., #103	Los Angeles, CA 90013
T/S	HAI WAKNINE	550 S. Hill St., #103	Los Angeles, CA 90013

600008810646  
11/05/02--01094--001 \*\*150.00

8. Name and Address of Current Registered Agent

JOHNSON, CHARLES  
36 N.E. 1ST STREET  
SUITE 429  
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

HAI WAKNINE

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

36 N.E. 1st Street

Suite, Apt. #, Etc.

Suite 429

City

Miami

State

FL

Zip Code

33132

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/29/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02 (213)688-7800

Date

Phone

CR2E040 (8/02)



October 29, 2002

Florida State Department  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Att.: Reinstatement Department.

Dear Sirs,

We are asking the department to please consider the fact that we did not receive the renewal notice and are requesting that you consider waving the reinstatement fee of \$600.00.

Enclosed you will find a check in the amount of \$150.00 for the annual report fee and corporate supplemental fee.

We appreciate your attention to this matter.

Sincerely,

*Norma Valenti*

Norma Valenti  
Global Parcel Services