

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 94-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 AUG 11 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S03613

1. Corporation Name

BEST COURIER SERVICES, INC.
6854 WEST FLAGLER ST.
MIAMI, FLORIDA 33144

Principal Place of Business

6854 WEST FLAGLER ST.
MIAMI, FL. 33144

Mailing Address

6854 WEST FLAGLER ST.
MIAMI, FL. 33144

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1990

5. FEI Number

65-0220584

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	JOSE A. PEREZ	371 W. 44TH ST.	HIALEAH, FL. 33012
SEC.	DULCE M. PEREZ	371 W. 44TH ST.	HIALEAH, FL. 33012
			300002266813--8
			-03/14/97-01047--006
			***1253.75 ***1245.00
			REINSTATEMENT <u>94-97</u>
			<i>J. Alan</i>
			8/11/97

8. Name and Address of Current Registered Agent

JOSE A. PEREZ
371 W. 44TH ST.
HIALEAH, FL. 33012

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

☒

REGISTERED AGENT MUST SIGN

Date 08/06/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/06/97

Date

822-4499

Daytime Phone #

CR2E040 (12/96)