

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# S97797

**FILED**  
**Oct 12, 2010**  
**Secretary of State**

**Entity Name:** POSTAL CENTER CARIBBEAN, INC.

**Current Principal Place of Business:**

775 STERLING CHASE DR.  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

**Current Mailing Address:**

6400 CABALLENO BLVD  
MIAMI, FL 33146

**New Mailing Address:**

**FEI Number:** 59-3094897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ECHARTE, RAUL  
6400 CABALLERO BLVD  
MIAMI, FL 33146 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** RAUL ECHARTE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PS  
**Name:** FERNANDEZ, REMIGIO  
**Address:** CASIQUE 2169, URB. SANTA TERESITA  
**City-St-Zip:** SANTURCE, PR 00913

**Title:** VT  
**Name:** ECHARTE, RAUL  
**Address:** 6400 CABALLERO BLVD.  
**City-St-Zip:** CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** RAUL ECHARTE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VT

10/12/2010

\_\_\_\_\_  
Date