

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 NOV 18 PM 2: 25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 383037

1. Corporation Name

C & L LETTER SERVICE, INC.

Principal Place of Business

Mailing Address

185 SOUTH CR427, SUITE 109
 LONGWOOD FL 32750

185 SOUTH CR427, SUITE 109
 LONGWOOD FL 32750

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

4. Date Incorporated or Qualified To Do Business in Florida

06/01/1971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1351079

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

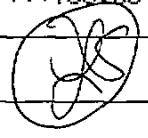
Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CAMPBELL, BEVERLY J.	1411 S GRANT ST	LONGWOOD FL
VSD	SPERBER, MARIAN	401 PRAIRIE LAKE COVE	ALTAMONTE SPRINGS FL

700002695937--2
 -11/24/98-01095-028
 ****750.00 ****750.00



8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMPBELL, BEVERLY J.
 1411 S GRANT ST
 LONGWOOD FL 32750

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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: *[Signature]* PD
 REGISTERED AGENT MUST SIGN

Date: 11-16-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(f), 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: *SIG MARIAN SPERBER VSD*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-98 407-339-0901
 Date Daytime Phone #

CR2EM40 (8/98)