

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G89634**

1. Corporation Name

**CONSOLIDATED MAILING SERVICES, INC.**

Principal Place of Business

Mailing Address

6015 BENJAMIN RD #330  
TAMPA FL 33634

6015 BENJAMIN RD #330  
TAMPA FL 33634



REINSTATEMENT 03

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

02/01/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2384296

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	4 City / State / Zip
DP	ADLER, GARY N.	6015 BENJAMIN RD #330	TAMPA FL 33634

900023706009  
10/10/03--01036--007 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ADLER, GARY  
6015 BENJAMIN RD., #330  
TAMPA FL 33634

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/8/03

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PRESIDENT

Date

Daytime Phone #

10/8/03 (813) 888-5836

CR2E040 (7/03)



# Consolidated Mailing Services, Inc.

Specializing in Prebarcoding and Presort First-Class Mail

10/08/03

To whom it may concern:

Consolidated Mailing Services did not receive either of the two UBR notices mailed by the State of Florida. I am asking for a waiver of the reinstatement fee and am enclosing our check for \$150.00 to maintain active status.

Any questions, please call me.

Best regards,

GARY ADLER  
PRESIDENT