

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 22 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004277

1. Corporation Name

Commercial Mail Service of Florida, Inc.

2. Principal Office Address

8299 Northwest 30 Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33122

Country

US

3. Mailing Office Address

8299 Northwest 30 Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33122

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/21/93

5. FEI Number

710740470

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-62

7. Name and Address of Current Registered Agent

Name

Joseph I. Davis, Jr., Markowitz, Davis, Ringel & Trusty, P.A.

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

9130 South Dadeland Boulevard

Suite, Apt. #, Etc.

1225

City

Miami

State

FL

Zip Code

33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joseph I. Davis, Jr.
REGISTERED AGENT MUST SIGN

Date May 21, 2002

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Keith Holland	8299 Northwest 30 Terrace	Miami, FL 33122

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****308.75 ****308.75

10. 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:

Keith Holland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Holland

May 21, 2002 (305)599-0330

Date

Daytime Phone #

CR2E081 (9/01)