

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**010000**  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 18 PM 12:25

DOCUMENT # **F94000006178**

1. Corporation Name

**MAILSOUTH, INC.**

Principal Place of Business

PO BOX 614  
HELENA AL 35080

Mailing Address

PO BOX 614  
HELENA AL 35080



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/02/1994**

5. FEI Number

**63-0972131**

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 3	City / State / Zip 4
PD	HOWARD, B. L JR.	2160 HWY 119	MONTEVALLO AL
V	CONDRA, MARK A	2608 RED OAK ROAD	GADSDEN AL 35901
SD	MITCHELL, WILLIAM H	PO BOX 1059	TUSCALOOSA AL 35403
D	KILPATRICK, DALE F	217 LINN DR	TRUSSVILLE AL
D	BLACH, HAROLD B JR	34 CROSS CREEK PARK	BIRMINGHAM AL
T	RIGGS, RUSSELL B	248 WARWICK LANE	ALABASTER AL 35007

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**300004659743-8**  
-10/30/01-01088-005-8  
\*\*\*150.00 \*\*\*150.00

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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/01

205-620-6209

CP2E040 (8/01)

continued

7: Names and Street Addresses of Each Officer and/or Director

Title	Name of Officers and/or Directors	Street Address	City / State / Zip
V	Robert T. Lee	5901 Hwy 52 East	Helena, AL 35080

October 16, 2001

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

On October 15, 2001, I received a Notice of Administrative Dissolution from the Florida Department of State. I have no record of receiving prior notices and MailSouth, Inc.'s intention is to maintain an "active" status with the State of Florida.

Please find enclosed the completed application for reinstatement and a check for \$150. Please call me at 205-620-6209 if you have any questions. Thanks in advance for your assistance.

Sincerely,



Robert T. Lee