PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION CREATE APPLICATION C	
REINSTATEMENT	

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9

F94000006178

1. Corporation Name

MAILSOUTH, INC.

Principal Place of Business

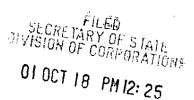
Mailing Address

PO BOX 614

HELENA AL 35080

PO BOX 614

HELENA AL 35080





				1						
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili		nformation and enter correction below. ng Office Address, If Applicable		Date Incorporated or Qualified						
						To Do Business in Florida 12/02/1994				
Suite, Apt.	#, OIC.		Suite, Apt. #,	etc.			5. FEI Number			Applied For
City & State City &		City & State	State				Not Applicable			
Zip		Country	Zíp		Countr	у	6: CERTIFICATE	OF STATUS DESIRED	\$8.75 Additi for a Certi	ional Fee required ificate of Status
7. Names a	and Street Add	resses of Each Officer and/	or Director (Flo	rida nonprofi	t corpora	itions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
PD	HOWARD, B. L JR.			2160 HWY 119			MONTEVALLO AL			
٧	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, HA	ROLD B JR		34 CROS	S CRE	EK PARK	!	BIRMINGHAM AL		
T	RIGGS, RUSSELL B			248 WARWICK LANE		ALABASTER AL 35007				
	8. Name	and Address of Current	Registered Age	nt			9. Name and A	ddress of New Register	ed Agent	106
CTICO	PORATION	SYSTEM				Name			Spi	0/01
1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)							
PLANTATION FL 33324			Suite, Apt. #, Etc.		-\(\text{17.3070}\)-\(17.3					
. <u> </u>					,	City			tate Zip Co	ode
10. I, being	appointed the	registered agent of the abo	ve named corpo	ration, am fa	amiliar wi	th and accept the ob	ligations of Section	on 607.0505, F.S.		
Signature of Registered Agent SIGNATURE REQUIRED Date										
negistered /	Agent		GISTERED AG			*		Date		

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.

11.1 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 filling

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01

205-620-6209

Date

Daytime Phone #

CR2E040 (8/01

continued

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

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



P.O. Box 614 • 5901 Highway 52 East Helena, AL 35080 Corporate Office: 205/620-6200

Fax: 205/620-6390

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