

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 NOV -6 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G22420**

1. Corporation Name

DIRECT MAIL EXPERTISE, INC.

Principal Place of Business

Mailing Address

4915 NW 159TH STREET
MIAMI LAKES FL 33014
US

4915 NW 159TH STREET
MIAMI LAKES FL 33014
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1983

5. FEI Number

59-2252648

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
P.	LENIS, WILLIAM	4915 NW 159TH ST	MIAMI FL 33014
V	LENIS, MARIA	4915 NW 159TH ST	MIAMI FL 33014

900024478539
11/06/03-01034-013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAULKIN, JOEL M ESQ
4627 PONCE DE LEON BLVD
2ND FLOOR
CORAL GABLES FL 33146

Name JOEL M. GAULKIN Esq PA
Street Address (P.O. Box Number is Not Acceptable)
1320 S. Dixie Highway
Suite, Apt. #, Etc.
PH SUITE 1275
City CORAL GABLES State FL Zip Code 33146

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]
REGISTERED AGENT MUST SIGN

Date 11-3-03

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

Date

10/15/03

Daytime Phone #

CR2E040 (7/03)

JOEL M. GAULKIN, ESQ., P.A.

ATTORNEY AT LAW

J.M. Gaulkin, J.D., M.B.A., M.S. (Taxation)

**Gables One Tower
1320 South Dixie Highway
PH Suite 1275
Coral Gables, Florida 33146
Telephone (305) 661-6664
Fax (305) 665-9073
Email Joel@corporatedefenders.com**

November 3, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

**Re: Reinstatement of Direct Mail Expertise, Inc.
Document Number G22420**

Dear Sirs:

Please be advised that I am the attorney and registered agent for Direct Mail Expertise, Inc. Direct Mail Expertise, Inc. has been incorporated in Florida since 1983.

Apparently Direct Mail Expertise, Inc. overlooked their 2003 annual report. However, as soon as my client became aware of its failure to file the 2003 Annual Report, steps were taken to correct this problem

At this time my client desires that Direct Mail Expertise, Inc. be reinstated for \$150.00. Enclosed is Application for Reinstatement and check for \$150.00. Thank you very much for your consideration of this matter, and if you have any questions, please do not hesitate to contact me at your earliest convenience.

Sincerely,


Joel M. Gaulkin, Esq.

cc. Direct Mail Expertise, Inc.