

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 24 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H 49417**

1. Corporation Name

Resumail, Inc.

2. Principal Office Address

166 Golden Drive

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 196

Suite, Apt. #, etc.

City & State

Woolwine VA

City & State

Woolwine VA

Zip

24185

Country

USA

Zip

24185

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/26/85

5. FEI Number

59-2932857

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Glenn M. Bryant

c/o Troy Bryant

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

12333 Crystal Creek Court 000029277620

Suite, Apt. #, Etc.

02/24/04--01016--009 **900.00

City

Jacksonville

State

FL

Zip Code

32258

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

[Signature of Glenn M. Bryant]

Date **2/12/04**

REGISTERED AGENT MUST SIGN

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/V	Glenn M. Bryant	PO Box 196 166 Golden Drive	Woolwine, VA 24185
S/T	Rhonda K. Bryant	PO Box 196 166 Golden Drive	Woolwine, VA 24185

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:

[Signature of Rhonda K. Bryant]
Rhonda K Bryant

Date **2/12/04**

Daytime Phone # **276 930 6015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)