

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

DOCUMENT # J04006

1. Corporation Name

MAIL MAKERS, INC.

Principal Place of Business

12090 HARBOUR RIDGE BLVD
PALM CITY FL 34990
US

Mailing Address

12090 HARBOUR RIDGE BLVD
PALM CITY FL 34990
US

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

03/14/1986

5. FEI Number

11-2658065

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	KNETGE, NANCY A.	12090 HARBOUR RIDGE BLVD	PALM CITY FL
			000003826970--8
			-10/27/99--01095--001
			*****158.75 *****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KNETGE, NANCY A.
12090 HARBOUR RIDGE BLVD
PALM CITY FL 34990

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Nancy A. Knetge
REGISTERED AGENT MUST SIGN

Date *Oct 12, 1999*

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:

Nancy A. Knetge
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 12, 1999
Date

561-336-2825
Daytime Phone #

FILED

99 OCT 19 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11TS

CR25040 (2/99)

Mail Makers, Inc.
12090 Harbour Ridge Boulevard
Palm City, Florida 34990

Telephone (561) 336-2825
Fax (561) 343-0169

October 12, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: MAIL MAKERS, INC
DOCUMENT NO: J04006

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Dear Sir or Madam:

I received this Notice of Administrative Dissolution today.

A careful check of my records showed that I never received my 1999 Annual Report Package, nor did I receive the second notice.

I talked with a woman named Michelle in your office today, and she confirmed that both notices had been returned to you by the post office and that indeed I had not received them.

The mix-up stems from a temporary change of address dating back to 1997, which the post office erroneously processed as permanent.

In any event, per Michelle's instructions, I have completed the enclosed document and enclosed a check in the amount of \$158.75 -- the \$150.00 filing fee plus an additional \$8.75 for a Certificate of Status. Michelle assured me the corporation's active status would be restored and all penalties waived this one time due to the circumstances I've explained here.

If you require any additional information, please do not hesitate to contact me at the address above.

Kindest regards,

Nancy A. Knetge

Nancy A. Knetge
enc: check #1013