

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 24 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J79855

1. Corporation Name

MAIL ENTERPRISES INC.

900163089769

11/24/09--01040--023 \*\*750.00

REINSTATEMENT 09

2. Principal Office Address - No P.O. Box #

37335 CHURCH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 997

Suite, Apt. #, etc.

City & State

DADE CITY

City & State

DADE CITY

Zip

33625

Country

PASCO

Zip

33625

Country

PASCO

4. Date Incorporated or Qualified  
To Do Business in Florida

6-26-87

5. FEI Number

592817656

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

7. Name and Address of Current Registered Agent

Name

PHILIP K VANCE

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

37335 CHURCH AVE

Suite, Apt. #, Etc.

City

DADE CITY

State

FL

Zip Code

33525

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

Philip K Vance

REGISTERED AGENT MUST SIGN

Date 11-19-09

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	PHILIP K VANCE	37335 CHURCH AVE	DADE CITY, FL 33525

10. E-mail Address: PVANCE34@TAMPA BAY.FL.COM

(To be used for future annual report notification)

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. I further certify, 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: Philip K Vance PHILIP K VANCE

11-19-09 3529990029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #