

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 OCT 31 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J91455

1. Corporation Name
SEND A MESSAGE MAILING SERVICE, INC.

Principal Place of Business Mailing Address
851 EAST STATE ROAD 434, STE. 116
LONGWOOD FL 32730
US
BOX 53382
LONGWOOD FL 32752



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
4. Date incorporated or Qualified To Do Business in Florida 09/04/1987
5. FEI Number 59-2842028 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	FOSTER, WILLIAM L	2219 BARKWOOD CT.	LAKE MARY FL 32746

200001998742--7
-11/07/96--01029--011
***375.00 ***375.00

REINSTATEMENT *over the line*

8. Name and Address of Current Registered Agent
FOSTER, WILLIAM L
2219 BARKWOOD CT.
LAKE MARY FL 32746
9. Name and Address of Non-Registered Agent

*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 *William L. Foster* REGISTERED AGENT MUST SIGN
Date 10/29/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *William L. Foster* REGISTERED AGENT MUST SIGN
Date 10/29/96
Daytime Phone 407-767-9272

CR2300 (7/96)