

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
96 SEP -5 PM 2: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *K 99649*

1. Corporation Name *ABSOLUTE MAILING SYSTEMS INC.*

Principal Place of Business Mailing Address

*520 South Adams St.
~~JACKSONVILLE FL~~
Beverly Hills FL 34465*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

6-30-1989

5. FEI Number

59-2958490

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<i>P</i>	<i>NANCY L PARKER</i>	<i>520 South Adams St.</i>	<i>Beverly Hills FL 34465</i>
			<i>200001941252</i>
			<i>-09706796--01055--004</i>
			<i>****383.75 ****383.75</i>
			<i>8/9/96</i>
			REINSTATEMENT <i>96</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*Nancy L. Parker
520 South Adams St.
Beverly Hills FL 34465*

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 L Parker

REGISTERED AGENT MUST SIGN

Date *5 Sept 1996*

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 L Parker NANCY L PARKER

Date *5 Sept 1996* Daytime Phone #