L98000000072

Jan-16-2001 04:09pm From:BAKER&HOSTETL [illegible] T-414 P.001/002 F-340

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000007257 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

01 JAN 16 PM 5:00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

To:
Division of Corporations
Fax Number : (850)922-4003

From:
Account Name : BAKER & HOSTETLER LLP
Account Number : I19990000077
Phone : (407)649-4043
Fax Number : (407)841-0168

LIMITED LIABILITY REINSTATEMENT

MAILAMERICA, LLC "AL"

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$200.00

RECEIVED
01 JAN 17 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Public Access Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

200 S. Orange Ave., Ste 2300
Orlando, FL 32801

01 JAN 16 PM 5:00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L98000000072

1. Limited Liability Company's Name
MAILAMERICA LLC

2. Principal Office Address
1429 DOLGNER PLACE
Suite, Apt #, etc.
City & State
SANFORD, FL
Zip 32771
Country USA

3. Mailing Office Address
1429 DOLGNER PLACE
Suite, Apt #, etc.
City & State
SANFORD, FL
Zip 32771
Country USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 1/20/98

6. FEI Number 59-3490208 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name
SCOTT GREENFIELD
Street Address (P.O. Box Number is Not Acceptable)
241 MEADOW BEAUTY TERRACE
Suite, Apt #, Etc.
City
SANFORD
State FL
Zip Code 32771

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608 F.S.

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN
Date 12/29/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SCOTT GREENFIELD, MGRM	241 MEADOW BEAUTY TERRACE	SANFORD, FL 32771
MGR	TERESA GREENFIELD, MGRM	241 MEADOW BEAUTY TERRACE	SANFORD, FL 32771

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager [signature] Date 12/29/00 Daytime Phone # 407-330-6245

Typed or printed name of signing Managing Member/Manager SCOTT GREENFIELD

Fax audit #H01000007257 8