

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

98 APR 13 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N34209

1. Corporation Name  
SOUTH FLORIDA POSTAL CUSTOMER COUNCIL, INC.

Principal Place of Business  
P.O. BOX 520594  
MIAMI FL 33152-0594

Mailing Address  
P.O. BOX 520594  
MIAMI FL 33152-0594



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/15/1989	
City & State		City & State		5. FEI Number 65-0142884	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED				S8.75 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
CD	RIDDOCK, WALTER JEROME HOLSTON	777 AMERICAN EXPRESSWAY 7245 N.W. 19 ST., SUITE E	FT. LAUDERDALE FL 33334 MIAMI FL 33126
C	ROJAS, PAUL KENNETH HAYWOOD	2200 N.W. 72 AVENUE 1900 W. DAKLAND PK. BLVD.	MIAMI FL 33152 FT. LAUDERDALE FL 33310
SD	WEBER, JANET M	3000 N.W. 82 AVE.	MIAMI FL 33186
TD	COTTON, JOHN	1403 SW 3RD ST	PAMPANO FL 33069
REINSTATEMENT 97-98			

8. Name and Address of Current Registered Agent

RIDDOCK, WALTER JEROME HOLSTON  
AMERICAN EXPRESS JOHN ALDEN LIFE INS  
777 AMERICAN EXPRESSWAY 7245 N.W. 19 ST., STE  
FT. LAUDERDALE FL 33334 MIAMI FL 33126

9. Name and Address of New Registered Agent

Name  
JEROME HOLSTON  
Street Address (P.O. Box Number is Not Acceptable)  
7245 N.W. 19 ST., SUITE E  
Suite, Apt. #, Etc.  
500002491545--1  
City  
MIAMI  
-04/17/98 Sun 01:26:05  
\*\*\*306 FL \*\*\*20625

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  
REGISTERED AGENT MUST SIGN

Date 4/26/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: JEROME HOLSTON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 715-1402  
Date Daytime Phone #

CR2040 (8/97)