

APPLICATION
FORFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 AUG -2 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34209

1. Corporation Name

SOUTH FLORIDA POSTAL CUSTOMER COUNCIL, INC.

Principal Place of Business

Mailing Address

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

09/15/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0142884

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	4 City / State / Zip
TD DELETED	COTTON, JOHN	1403 S.W. 3RD ST.	POMPANO FL 33069
POCD D/P	GALVEZ, JESUS	2200 NW 72 AVE	MIAMI FL 33152
SD D/SS	REED, SUSAN H	9250 W FLAGLER ST	MIAMI FL 33174
SLR/D	CURRY, PAUL	ONE HERALD PLAZA Rm 227	MIAMI, FL 33132
SLR/D V/D	KAGLE, KEN	3405 PINEWALK DR N #109	MARGATE FL 33063
T/D	FLEMING, TOM	200 E LAS OLAS BLVD	FORT LAUDERDALE FL 33301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REED, SUSAN H
9250 W FLAGLER ST
MIAMI FL 33174

Name

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

Suite, Apt. #, Etc.

City

700004534507--41

-08/14/01--01085--006

****122.50 ****122.50

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*Susan H Reed*

Date 3/13/01

REGISTERED AGENT MUST SIGN

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 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: *Paul Curry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/2001 (305) 376-2655

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Florida Department of State
Division of Corporations
Attn: Tyrone Scott
P.O. Box 6327
Tallahassee, FL 32314

8/3/01

Subject: South Florida Postal Customer Council, Inc.

Dear Tyrone,

Thank you for your assistance on the phone yesterday. As we discussed, I am sending you this letter explaining that we did not receive any notice for uniform business report in 2000. I am re-sending our application with the check amount you requested of \$122.50 and am asking that all late fees be waived. If there are any questions concerning our application you can reach me at 954-356-4106.

Again, thank you in advance for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Fleming".

Tom Fleming
Postal Customer Council Treasurer