

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P00000009874

1. Corporation Name

EMAIL MOVEMENT INC.

700008966737
11/13/02--01047--019 **150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700008966737
11/13/02--01047--020 **8.75



Principal Place of Business

12565 RESEARCH PKWY.
SUITE 300
ORLANDO FL 32826

Mailing Address

12565 RESEARCH PKWY.
SUITE 300
ORLANDO FL 32826

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

2. New Principal Office Address, If Applicable

Timothy LYNCH

Suite, Apt. #, etc.

PO BOX 134

City & State

WINTER PARK Florida

Zip

Country

32790-0134 ORANGE

3. New Mailing Office Address, If Applicable

Timothy Lynch

Suite, Apt. #, etc.

PO BOX 134

City & State

Winter Park Florida

Zip

Country

32790-0134 ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2000

5. FEI Number

59-3713161

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCBO	QUELLO, STEVE	12565 RESEARCH PARKWAY, SUITE 30	ORLANDO FL 32826
PRIN	LYNCH, TIMOTHY	12565 RESEARCH PKWY, SUITE 300	ORLANDO FL 32826

8. Name and Address of Current Registered Agent

LYNCH, TIMOTHY J
12565 RESEARCH PARKWAY
SUITE 500
ORLANDO FL 32826

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

11. I certify that I am an officer or director of 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02

Dear Florida Department of State:

Please reinstate Email Movement Inc. This is the first notice we received about the delinquency of our status. I am including a check for \$150.00.

In the future please mail all correspondence to the new address on the reinstatement form. This will assure we receive our mail in a timely manner.

Tim Lynch
Principal
Email Movement Inc.