## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip								
DOCUMENT # Corporation Name  1. Corporation Name  ABOT S. University Dr.  Sulte, Ast, etc.  Sulte, 131  Cry & State  Davie, FL  Davie, FL  Davie, FL  Sulte 131  Cry & State  Davie, FL  Sulte 131  The Address of Country  Applied For  Name and Address of Current Registered Agent  Name Cry & State  Sulte Ast, etc.  Sulte Ast, etc.  Sulte Ast, etc.  To De Burnersonatic or Deating  To Deavie, FL  Sulte 131  Cry & State  Davie, FL  Sulte 131  To Deavie, FL  Sulte 131  To Deavie, FL  Sulte 131  To Deavie Status Dearsed  FL  Sulte 131  To Deavie Status Dearsed  Registered Agent  Name and Address of Current Registered Agent  Name Cry & Current Registered Agent  Registered agent of the above remained corporation, and familiar with and accept the obligaterer of section 807 0003 or 657 0003, F. S.  Signature of Cry & Current Registered Agent  Name Cry & Curr	CORPORATION Jim Smith				TE	FLED		
MYEMAILHQ.COM, INC.  2. Principal Office Address 4801 S. University Dr. 4801 S. University Dr. 580e, Ast, etc. 59 Sulte 131  City & State Davie, FL  Country Davie, FL  Country Davie, FL  Country Davie  7. Name and Address of Current Registered Agent Name Robert Peterson  Sircet Address (PO, Box Number is Not Acceptable)  Sircet Address (PO, Box Number is Not Acceptable)  8. Li being appointed from distincted agent of the above named corporation and at all east 3 directors)  FEL  Sulte 131  City Davie  8. Li being appointed from distincted agent of the above named corporation and the state of Each Officer and for Director (Plondig procedure)  Figurature of Sulter Address (PO, Box Number is Not Acceptable)  9. Name of Officers and for Director of Tenders or Installed empowered to execute this application as provided for entager 607 or 517, F.S. Number certify that I am an officer or director or the reservor or mustace empowered to execute this application as provided for entager 607 or 517, F.S. Number certify that I am an officer or director or the reservor or mustace empowered to execute this application as provided for entager 607 or 517, F.S. Number certify that are many application in the specification of the control of Officers and for Directors  10. Lordly that I am an officer or director or the reservor or mustace empowered to execute this application as provided for entager 607 or 517, F.S. Number certify that waven filling that many application is the specification of the provided for entager 607 or 617, F.S. Number certify that are many application is the specification of the control of 187, F.S. Number certify that are many application is the specification of the provided or of the reservor or mustace empowered to execute this application as provided for entager 607 or 617, F.S. Number certify that are many filling that the reservor or that the certification of the provided for the provided or the provided	REINS	STATEMENT		-		02 NOV 21 PH 12: 50		
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4801 S. University Dr.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite 131  City & State  Davie, FL  Davie, FL  Davie, FL  Davie, FL  Davie, FL  Country  2P  USA  7. Name and Address of Current Registered Agent  Name  Robert Peterson  Street Address (P.O. 8ox Number is Not Acceptable)  4801 S. University Dr.  Suite, Agent Agent and Street Address of Each Officer and/or Director is non-promoted or Davie, FL  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Name of Others and/or Directors  Others and of Directors  Agent Address of Each Officer and/or Director for Country Dr.  Suite and Street Address and or Directors  Agent Address of Each Officer and/or Director for Country Dr.  Suite Address of Each Officer and/or Director for Country Dr.  Suite Address and or Directors  Agent Address of Each Officer and/or Director for Country Dr.  Suite Address of Each Officer and/or Director for Country Dr.  Suite Address of Each Officer and/or Director for Country Dr.  Suite Address of Each Officer and/or Director for Country Dr.  Suite Address of Each Officer and/or Director for Country Dr.  Suite Address of Each Officer and/or Director for Country Dr.  Suite Address of Each Officer and/or Director for Country Dr.  Suite Address of Each Officer and/or Director for Country Dr.  Suite Address of Each Officer and/or Director for Country Dr.  Suite Address of Each Officer and/or Director for Country Dr.  Suite Address of Each Officer and/or Director for Country Dr.  Suite Address of Each Officer and/or Director for Country Dr.  Suite Address of Each Officer and/or Director for Country Dr.  Suite Address of Each Officer and/or Drector for Country Dr.  Suite Address of Each Officer and/or Drector for Country Dr.  Suite Address of Each Officer for Dr.  Others and Order for Country Dr.  Suite Address of Each Officer for Dr.  Others and Order for Country Dr.  Suite Address of Each Officer for Dr.  Others and Order for Country Dr.  Suite Address of Each Officer for Dr.  Others and Order for Country Dr.  Others and Orde	E							
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And the state of t			City & State		To Do	To Do Business in Florida March 3, 2000		
7. Name and Address of Current Registered Agent  Name Robert Peterson  Street Address (P.O. Box Number is Not Acceptable)  4801 S. University Dr.  Suite, Apt. #. Etc.  Suite 131  City Davie  8. I. being appointed fine distance of Status  Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Tides  Name of Officers and/or Directors  Officers and/or Directors  A801 S. University Dr. Suite 131  Davie, FL: 33328  10. 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 filling this reinstatement application, her reason for offices or on one qualify for an employer under section 119,07(3)(i), F.S. The information indicated on this spipication as provided for in advanced to a complete in the propriets of each off 07/03(i), F.S. The information indicated on this spipication as provided for in advanced as a continuation of the composition and the composition and the composition has been eliminated, the composition continuation of an one qualify for an employer under section 119,07(3)(i), F.S. The information indicated on this spipication as provided for an employer under section 119,07(3)(i), F.S. The information indicated on this spipication as provided for an employer under section 119,07(3)(i), F.S. The information indicated on this spipication.					6509	650998742 Not Applicable		
Name Robert Peterson  Street Address (P.O. Box Number is Not Acceptable)  4801 S. University Dr.  Suite, Apt. #, Etc. Suite 131  City Davie  State  State  State  State  FL  Zip Code  33328  8. I. being appointed five egistered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Agent MUST SIGN  Date  Officers and/or Directors  Officers and/or Directors  Officers and/or Directors  Officers and/or Directors  Titles  Officers and/or Directors  A801 S. University Dr. Suite 131  Davie, FL 33328  10. Learly that Lam an officer or director or the receiver or musta empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filling this reinstatlement aggingation, the reason for dissolution has been eliminated, the corporate and usually first in exemption under section 119 of (3)(), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as I made under eath  SIGNATURE:  Robert A. Peterson  954-689-0556	33328	USA			CERTIFI	CATE OF STATUS DESIRED S8.75 A	dditional Fee required Certificate of Status	
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A801 S. University Dr.  Suite, Apt. #, Etc.  Suite 131  City Davie  Siate FL  Siate Signature of Registered agent of the above named corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  Date  H-/ No - O  REGISTERED AGENT MUST SIGN  Name of Officer and/or Directors  Name of Officers and/or Directors  Officer and/or Directors  Titles  Name of Officers and/or Directors  Officer and/or Director  Titles  No - O  Sevent Address of Each Officers and/or Directors  Officer and/or Director  Titles  No - O  Sevent Address of Each Officers and/or Directors  Officer and/or Director  Davie, FL 333328  10. 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 againzation, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all flees over day the cooperation has been paid and the names of individuals listed on this form do not qualify for an exemption under section 119,07(3)(), F.S. The information indicated on this application is true and socurate, and my signature shall have the same legal effect as if made under oath.  ROBATURE:  RO	-							
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25/11/25



ALSO ADMITTED DELAWARE AND MARYLAND BARS

## Mary Elizabeth M. Browder

ATTORNEY AT LAW

CORNERSTONE ONE - SUITE 220
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

TELEPHONE (954) 473-9550 FACSIMILE (954) 424-2200 E-MAIL: browderm@bellsouth.net

November 15, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Please waive the reinstatement fee for the following entity, MYEMAILHQ.COM, INC. We never received the annual report for the entity. We just recently received notice of administrative dissolution and we would like to reinstate the entity. Enclosed is the application for reinstatement of MYEMAILHQ.COM, INC. as well as the \$150.00 regular filing fee. Thank you for your assistance.

Sincerely,

Mary Elizabeth M. Browder, Esq.

I agree to the truth and veracity of the above statement.

Robert A. Peterson, President of MYEMAILHQ.COM, INC.