

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MYEMAILHQ.COM, INC.

2. Principal Office Address

4801 S. University Dr.

Suite, Apt. #, etc.

Suite 131

City & State

Davie, FL

Zip

33328

Country

USA

3. Mailing Office Address

4801 S. University Dr.

Suite, Apt. #, etc.

Suite 131

City & State

Davie, FL

Zip

33328

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

March 3, 2000

5. FEI Number  
650998742

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**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

State  
FL

Zip Code

33328

8. I, being appointed the 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

11-18-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSD	Robert Peterson	4801 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 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:

Robert A. Peterson

954-689-0556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)



*Mary Elizabeth M. Browder*

ATTORNEY AT LAW  
CORNERSTONE ONE • SUITE 220  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324

ALSO ADMITTED DELAWARE  
AND MARYLAND BARS

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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,

A handwritten signature in cursive script that reads "Mary Beth Browder".

Mary Elizabeth M. Browder, Esq.

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

A handwritten signature in cursive script that reads "Robert A. Peterson".

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