


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000043078			
1. Corporation Name POSTALCRAFT AMERICA, INC.			
Principal Place of Business 477 N.W. 46TH AVENUE DEERFIELD BEACH FL 33442		Mailing Address 477 N.W. 46TH AVENUE DEERFIELD BEACH FL 33442	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 5199 N.W. 15th St Suite, Apt. #, etc. BAY B-11 Margate, FLA Zip 33492 Country Broward		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 04/28/2000		5. FEI Number 65-1007489	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
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
P	IVES, ANDREW S	477 N.W. 46TH AVENUE	DEERFIELD BEACH FL 33442
8. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132		9. Name and Address of New Registered Agent Name Deborah E. Ives Street Address (P.O. Box Number is Not Acceptable) 477 N.W. 46th Ave Suite, Apt. #, Etc. City Deerfield Beach State FL Zip Code 33442	
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 Deborah E. Ives Date 11/6/01 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: Andrew S. Ives - President Date 10/15/01 Daytime Phone # 954 468-1298 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



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