

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 000000 78235

1. Corporation Name

Mail Service Distributors, Inc.

Principal Place of Business

Mailing Address

901 PENNSYLVANIA AVE
#2

Same

MIAMI BEACH, FL 33139

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1047255

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSD	Juan A Maciel	901 PENNSYLVANIA AVE #2	MIAMI BEACH, FL 33139

800038644048

07/02/04--01050--008 **450.00

REINSTATEMENT 02-04

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Juan A Maciel
901 PENNSYLVANIA AVE #2
MIAMI BEACH, FL 33139

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 6/25/04

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Juan A Maciel

6/25/04

(305) 970-5461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 28, 2004

To: Division of Corporations
PO Box 6327
Tallahassee, FL 32314

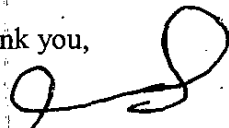
From: Mail Service Distributors, Inc.
901 Pennsylvania Ave #2
Miami Beach, FL 33139
(305) 970-5461

To Whom It May Concern:

I am writing to you to let you know that I want to reinstate my company with the Division of Corporations. I never received the annual reports notices due to the fact that I was going through a divorce and had moved and I had been traveling back and forth to Argentina for the last two years.

Please accept the enclosed fee of \$450.00 for the last three years, 2002, 2003, and 2004, as advised by the agent when I called to see how much the fee would be to get reinstated. If you should have any questions feel free to call me at (305) 970-5461 or my accountant Eddie Valladares at (954) 927-4500.

Thank you,



Juan A Maciel
President