

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 FEB 12 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 02-03

000010588660  
01/23/03--01024--002 \*\*750.00

**CORPORATION REINSTATEMENT**



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

**DOCUMENT #** P00000009196

1. Corporation Name  
In the Mail, Inc.

2. Principal Office Address 2316 NE 8th Rd. Suite, Apt. #, etc.		3. Mailing Office Address 1902 S.W.27th Street Suite, Apt. #, etc.	
City & State Ocala, Florida		City & State Ocala, Florida	
Zip 34470	Country Marion	Zip 34474	Country Marion

4. Date Incorporated or Qualified To Do Business in Florida Yes 8/31/00

5. FEI Number 59-3700952 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 Kurt D. Kelly

Street Address (P.O. Box Number is Not Acceptable) 1902 SW 27th Street

Suite, Apt. #, Etc.

City Ocala

State FL Zip Code 34474

000012328518  
02/12/03--01005--025 \*\*150.00

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 Kurt D. Kelly Date 12-31-02

REGISTERED AGENT MUST SIGN

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
Pres.	Kurt D. Kelly	1902 SW 27th Street	Ocala, Florida / 34474

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: Kurt D. Kelly Date 12-31-02 (352) 861-1610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (8/01)

2/17



FLORIDA DEPARTMENT OF STATE  
Ken Detzner  
Secretary of State

January 24, 2003

IN THE MAIL, INC.  
1902 S.W. 27TH STREET  
OCALA, FL 34474

SUBJECT: IN THE MAIL, INC.  
Ref. Number: P00000109196

We have received your document for IN THE MAIL, INC. and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because your reinstatement was not completed in time for you to receive a 2003 annual report form/uniform business report, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is \$150.00.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton  
Document Specialist

Letter Number: 003A00004502

