

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood,
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000011681

1. Corporation Name

CSC FULFILLMENT, INC.

Principal Place of Business

3580 N.W. 56TH STREET
FORT LAUDERDALE FL 33309

Mailing Address

3580 N.W. 56TH STREET
FORT LAUDERDALE FL 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/2001

5. FEI Number

65-1073548

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHOOSTER, HERMAN	3580 N.W. 56TH STREET	FORT LAUDERDALE FL 33309
			800024993508 11/25/03--01002--008 **150.00

8. Name and Address of Current Registered Agent

SHOOSTER, FRANK M ESQ.
777 S. STATE ROAD 7
MARGATE FL 33068

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

Global Response

Your complete customer contact center

November 01, 2003

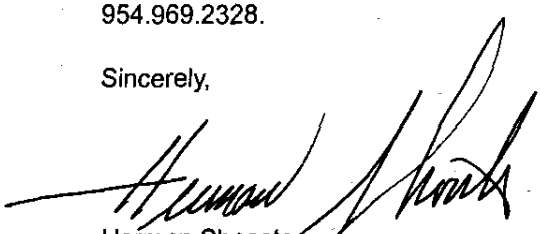
Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Re: Document # P01000011681

Dear Sir or Madam:

Please find enclosed check in the amount of \$150.00 with the Application for Reinstatement. The reason for late filing was due to the fact that our company did not receive the renewal application. Therefore, please wave all penalty charges. In addition, our corporation had filed a voluntary dissolution as of June 30, 2003. If you have any questions, feel free to call Jenice Tsai at 954.969.2328.

Sincerely,



Herman Shooster
CEO