

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -4 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000056927

1. Corporation Name

PISCES MAILERS & FULFILLMENT, INC.

2. Principal Office Address 7816 NW 121

~~7816 NW 121~~ Avenue way

Suite, Apt. #, etc.

3. Mailing Office Address

7816 NW 121 Way

Suite, Apt. #, etc.

City & State

~~Miami FL~~ Parkland, FL

City & State

Parkland FL

Zip 33076

Country

USA

Zip

33076

Country

USA

300029864683
03/04/04--01016--021 **1050.00

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-8-01

5. FEI Number

65-1120240

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 A. Henry

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

8411 W Oakland Park Blvd

Suite, Apt. #, Etc.

Suite 201

City

Sunrise

State

FL

Zip Code

33351

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

Robert A. Henry

Date 2/26/04

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
P D	Marcie Stern	7816 NW 121 Way	Parkland FL 33076

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)(f), 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:

Marcie Stern, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-26-04

Daytime Phone #