

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 OCT 27 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000015566

1. Corporation Name

INBOX, INC.

Principal Place of Business

Mailing Address

1633 10TH STREET
UP NORTH
SARASOTA FL 34236

1633 10TH STREET
UP NORTH
SARASOTA FL 34236

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

2. New Principal Office Address, If Applicable

9616 NW 6 Place
Suite, Apt. #, etc.
Gainesville, FL 32607
City & State

3. New Mailing Office Address, If Applicable

9616 NW 6 Place
Suite, Apt. #, etc.
Gainesville, FL 32607
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2002

5. FEI Number

01-0614316

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. President | Kelli D. Rule | 9616 NW 6 Place | Gainesville, FL 32607 |
| V.P. D. Treasur | Sara McEwen | 1324 NW 16th Ave. #56 | Gainesville, FL 32607 |
| D. Sec. | Mary McEwen | 1324 NW 16th Ave. #56 | Gainesville, FL 32607 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

RULE, KELLI D
1633 10TH STREET
UP NORTH
SARASOTA FL 34236

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

SIGNATURE

REGISTERED AGENT MUST SIGN

Date 10-16-03

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03

Date

246-9735

Daytime Phone #

CR2E040 (7/03)

Inbox, Inc.
9616 N.W. 6th Place
Gainesville, FL 32607
(352) 332-3161

October 16, 2003

To Whom it May Concern,

Our corporation, Inbox, Inc. did not receive any notices concerning the required annual report. We received the dissolution notice on 10/14/2003. We are hereby requesting a waiver of all fees associated with the reinstatement of our corporation, Inbox, Inc.

Sincerely,



Kelli D. Rule
Registered Agent / President



Mary E. McEwen
Registered Agent