

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000010328

Entity Name: THE MAIL STATION, INC.

FILED  
Mar 10, 2009  
Secretary of State

**Current Principal Place of Business:**

808 HAMPTON WOOD CT  
SARASOTA, FL 34232

**New Principal Place of Business:**

8466 NORTH LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34243

**Current Mailing Address:**

808 HAMPTON WOOD CT  
SARASOTA, FL 34232

**New Mailing Address:**

8466 NORTH LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34243

FEI Number: 55-0816528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAVARY, JR., JOHNSON S ESQ.  
22 S LINKS AVE STE 300  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIM LOWE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: HOFF, SHARON P  
Address: 808 HAMPTON WOOD CT  
City-St-Zip: SARASOTA, FL 34232

Title: VD (X) Delete  
Name: LOWE, TIM  
Address: 5693 GARDENS DR  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: LOWE, TIM  
Address: 8466 NORTH LOCKWOOD RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34243

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM LOWE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

OWNE

03/10/2009

\_\_\_\_\_  
Date