

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 28 PM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000096904

1. Corporation Name

MAIL GIVEAWAYS, INC.

2. Principal Office Address

160 INTERNATIONAL PKWY

3. Mailing Office Address

160 INTERNATIONAL PKWY

Suite, Apt. #, etc.

250

Suite, Apt. #, etc.

250

City & State

HEATHROW

City & State

HEATHROW

Zip

32746

Country

USA

Zip

32746

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/03

5. FEI Number

02-0706916

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

07-05 WOP

7. Name and Address of Current Registered Agent

Name

MICHAEL JENKINS

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

160 INTERNATIONAL PKWY

Suite, Apt. #, Etc.

#250

City

HEATHROW

State

FL

Zip Code

32746

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

REGISTERED AGENT MUST SIGN

Date

10/10/05

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
PSTD	MICHAEL JENKINS	160 INTERNATIONAL PKWY, #250	HEATHROW, FL 32746

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL JENKINS

October 10, 2005

Date

407-805-9889

Daytime Phone #