

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000096001

**FILED**  
**Oct 19, 2006**  
**Secretary of State**

**Entity Name:** MAILING PROCESSING SYSTEMS, INC.

**Current Principal Place of Business:**

115 MARION ROAD  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

945 N.W. 199TH AVE  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

115 MARION ROAD  
HOLLYWOOD, FL 33023

**New Mailing Address:**

945 N.W. 199TH AVE  
PEMBROKE PINES, FL 33029

**FEI Number:** 20-1322350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHIM, NICHOLAS A  
115 MARION ROAD  
HOLLYWOOD, FL 33023 US

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

SHIM, NICHOLAS A  
945 N.W. 199TH AVE  
PEMBROKE PINES, FL 33023 US

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: NICHOLAS SHIM

10/19/2006

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: PD ( ) Delete  
Name: SHIM, NICHOLAS A  
Address: 115 MARION ROAD  
City-St-Zip: HOLLYWOOD, FL 33023

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

Title: PD (X) Change ( ) Addition  
Name: SHIM, NICHOLAS A  
Address: 945 N.W. 199TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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: NICHOLAS SHIM

PD

10/19/2006

Electronic Signature of Signing Officer or Director

Date