


1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAY 19 AM 8:44

DOCUMENT # **P95000059564**

1. Corporation Name

The Mail Associates, Inc.

2. Principal Office Address

13010 Morris Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

6TH Floor

Suite, Apt. #, etc.

City & State

Alpharetta, GA

City & State

Zip

30004

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

8-1-1995

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 96-05

7. Name and Address of Current Registered Agent

Name

Wily WADE

600055194466

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

3921 W. Bay Ave

05/24/05--01065--002 **1500.00

Suite, Apt. #, Etc.

600055194466

05/24/05--01065--003 **73.75

City

Tampa

State

FL

Zip Code

33616

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

Wily Wade
 REGISTERED AGENT MUST SIGN

Date **5-18-05**

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
Pres.	GRAY, MARK E.	14280 Morning mtn. Way ALPHARETTA, GA 30004	
Sec.	GRAY, MARK E.	11	

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.

404-543-2230

SIGNATURE:

Mark Gray

MARK GRAY **5-18-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)

2 of 2



THE MALL
ASSOCIATES, INC.

May 18, 2005

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32314

Gentlemen:

It has come to our attention that our corporation has been administratively dissolved due to a delinquent annual report filing. Both our company and my personal address has changed since our last report filing and we did not receive any notification or form(s) to be filed at any time. Our current address information is printed on the Corporate Reinstatement form.

Please find enclosed our corporate reinstatement form and money order in the amount of \$1,500.00 (Fifteen Hundred Dollars). Please reinstate our corporation as soon as possible. If you need any additional information regarding this please feel free to contact me.

Thank you very much for your assistance in this matter.

Sincerely,


Mark E. Gray, President