PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED
1996 DEC -6 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

900002025239--2
-12/10/96--01151--029
****225.00 ****225.00

DOCUMENT # P95000077635

1. Corporation Name
BROAD REACH POSTAL SERVICES, INC.

Principal Place of Business	Mailing Address
1861 NORTH FEDERAL HIGHWAY HOLLYWOOD FL 33020	1861 NORTH FEDERAL HIGHWAY HOLLYWOOD FL 33020

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/10/1995

5. FEI Number: 65-0612142 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	WEISMAN, BRIAN	20533 BISCAYNE BLVD., SUIE 139	AVENTURA FL 33180
S	WEISMAN, THERESA	20533 BISCAYNE BLVD., SUIE 139	AVENTURA FL 33180

900002025239--2
-12/10/96--01151--030
****150.00 ****150.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

GOLDMAN, DAVID E
20700 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

9. Name and Address of New Registered Agent

Name: [illegible] Brian Weisman
Street Address (P.O. Box Number is Not Acceptable): 1861 N. Federal Hwy
Suite, Apt. #, Etc.:
City: Hollywood. State: FL Zip Code: 33020

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.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN
Date: 12/4/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 REQUIRED Brian Weisman — 12/4/96 — 954 925 2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/95)

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