

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Catherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000078302**

1. Corporation Name

**MAILINK, INC.**

Principal Place of Business

**4915 N.W. 159TH ST  
MIAMI FL 33014  
US**

Mailing Address

**4915 N.W. 159TH ST  
MIAMI FL 33014  
US**

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

2. New Principal Office Address, If Applicable

**1800 NE 114TH ST.**

3. New Mailing Office Address, If Applicable

**1800 NE 114TH ST.**

Suite, Apt. #, etc.

**SUITE 1102**

Suite, Apt. #, etc.

**SUITE 1102**

City & State

**MIAMI SHORES**

City & State

**MIAMI SHORES**

Zip

**33181**

Country

**DADE**

Zip

**33181**

Country

**DADE**

4. Date Incorporated or Qualified To Do Business in Florida

**09/20/1996**

5. FEI Number

**65-0715579**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<b>P</b>	<b>SOMMERKAMP, ALBERTO R</b>	<b>4915 N.W. 159TH ST</b>	<b>MIAMI FL 33014</b>
			<b>300004717553--1</b>
			<b>-12/10/01--01116--013</b>
			<b>****150.00 ****150.00</b>
			<b>01432 78</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SOMMERKAMP, ALBERTO R  
4915 N.W. 159TH ST  
MIAMI FL 33014**

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #



2072

*Marketing, Direct Mail, Fulfillment & Distribution  
from Coast to Coast*

October 22, 2001

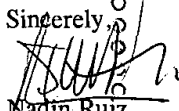
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL, 32314

Dear Sir or Madam,

Attached please find your Report of Administrative Dissolution properly filled with the necessary change of address. Due to the mentioned address change, we never received the normal Annual Report. We are kindly asking for the abatement of the Reinstatement Fee and the acceptance of our ck. For \$150.00 here enclosed.

If you need any further information, please do not hesitate to contact our offices.  
We thank you in advance for your consideration in this case.

Sincerely,

  
Nadin Ruiz  
CFO