

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P96000078302

1. Corporation Name
MAILINK, INC.

FILED
 01 NOV 26 PM 6:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 4915 N.W. 159TH ST MIAMI FL 33014 US	Mailing Address 4915 N.W. 159TH ST MIAMI FL 33014 US
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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. Suite, Apt. #, etc. SUITE 1102 City & State MIAMI SHORES Zip 33181	Country DADE	3. New Mailing Office Address, If Applicable 1800 NE 114TH ST. Suite, Apt. #, etc. SUITE 1102 City & State MIAMI SHORES Zip 33181	Country DADE
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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 <input type="checkbox"/>	\$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
P	SOMMERKAMP, ALBERTO R	4915 N.W. 159TH ST	MIAMI FL 33014
			300004717553--1 -12/10/01--0116--013 ****150.00 ****150.00
			01 UBR T8

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State _____ 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 # _____

CR2E040 (8/01)



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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