

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000092209

1. Corporation Name

CAPITAL CITY MAILING, INC.

Principal Place of Business

4018 WOODVILLE HIGHWAY  
SUITE B  
TALLAHASSEE FL 32301

Mailing Address

4018 WOODVILLE HIGHWAY  
SUITE B  
TALLAHASSEE FL 32301

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

2. New Principal Office Address, If Applicable

3986 Woodville Hwy  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3986 Woodville Hwy  
Suite, Apt. #, etc.

City & State  
Tallahassee FL

Zip  
32305

Country  
Leon

City & State  
Tallahassee FL

Zip  
32305

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/08/1996

5. FEI Number

59-3409612

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
D	HANSLI, DEBRA	1314 MOUNTBATTEN ROAD	TALLAHASSEE FL 32301
			CU0025348776 12/09/03 01000 000 **1058.75
			12/09/03 01000 000 **1058.75

8. Name and Address of Current Registered Agent

BASS, ROBERT A.  
C/O MYERS, FOREHAND AND FULLER  
402 OFFICE PLAZA DRIVE  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name  
DEBRA HANSLI  
Street Address (P.O. Box Number is Not Acceptable)  
3986 Woodville Hwy  
Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32305

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

Debbie Hansli  
REGISTERED AGENT MUST SIGN

Date

7/2/03

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 #

7/22/02 850-878-1002

CR2E040 (8/01)