

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000001349

1. Corporation Name

MAIL INSERTING, INC.

Principal Place of Business

1024 N.W. 18 PLACE
MIAMI FL 33125

Mailing Address

1024 N.W. 18 PLACE
MIAMI FL 33125

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

2. New Principal Office Address, If Applicable

50050 N.W. 20th Ave
Suite, Apt. #, etc.
Miami, FL 33125
City & State

3. New Mailing Office Address, If Applicable

same
Suite, Apt. #, etc.
City & State

Zip
33125

Country
U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1998

5. FEI Number

65-0861018

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 3	City / State / Zip 4
D	AMADOR, JULIO	1023 N.W. 19TH AVENUE	MIAMI FL 33125
D	PINEDA, YOLANDA	50050 N.W. 20th AVE	MIAMI, FL 33125

8. Name and Address of Current Registered Agent

AMADOR, JULIO
1024 N.W. 18 PLACE
MIAMI FL 33125

9. Name and Address of New Registered Agent

Name
Yolanda Pineda
Street Address (P.O. Box Number is Not Acceptable)
50050 N.W. 20th Avenue
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33125

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

Yolanda Pineda
REGISTERED AGENT MUST SIGN

Date 11-7-01

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:

Yolanda Pineda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-7-01

305-649-9727

Daytime Phone #