

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 98000015515

1. Corporation Name

My Mailbox Inc.,
2269 S. University Drive,
Davie, Fl. 33324-5823

2. Principal Office Address

2269 S. University
Drive

3. Mailing Office Address

2269 S. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, Fl. 33324-5823

City & State

Davie, Fl. 33324-5823

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 02/16/1998

5. FEI Number

65-0821316

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

Gerald Marcow

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

2269 S. University Drive

Suite, Apt. #, Etc.

City

Davie,

State

FL

Zip Code

33324-5823

100003505871--7
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****900.00 ****900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11. 11 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Marcow, Gerald	2269 S. University Dr	Davie, Fl. 33324

10. 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

[Signature]

11 11 2000

Date

Daytime Phone #

954 474 2323

CR2E081 (9/99)