

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 28 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000015515

1. Corporation Name

MY MAIL BOX INC

2. Principal Office Address

2269 S. University Dr

Suite, Apt. #, etc.

City & State

davie, florida

Zip

33324-5823

Country

USA
Broward

3. Mailing Office Address

2269 S. University Dr

Suite, Apt. #, etc.

City & State

davie, florida

Zip

33324-5823

Country

USA

**4. Date Incorporated or Qualified
To Do Business In Florida**

02/16/98

5. FEI Number

65-0821316

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES F. MAHON

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

2890 N. Andrews Ave

Suite, Apt. #, Etc.

Suite "B"

City

Ft. Lauderdale, Fl. 33311

State

FL

Zip Code

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

James Mahon

REGISTERED AGENT MUST SIGN

Date

2/28/03

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 |
|--------|--------------------------------------|---|-----------------------|
| P/D | MARCOW, Gerald | 2269 S. University Dr | Davie, Fl 333 24-5823 |
| | | | |
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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:

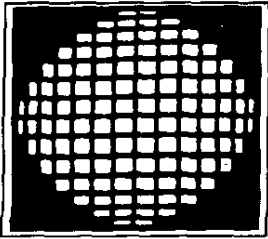
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/03

2146



Advanced Associates, Inc.
Accountants & Management
Consultants

March 26, 2003

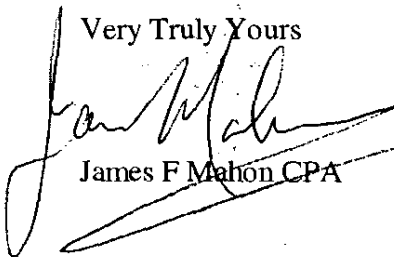
Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

Dear Sirs

Please find enclosed the corporate reinstatement form for MY Mail Box INC, together with a check in the amount of \$300.00 in payment of fees for the years 2002 & 2003

We are requesting an abatement of the reinstatement fee since we never received the original form. We believe the original form was mailed to a former Registered Agent Who never forwarded same to us.

Very Truly Yours



James F Mahon CPA