

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 OCT 18 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000045766

1. Corporation Name

FULFILLMENT DIRECT, INC.

Principal Place of Business

Mailing Address

1191 E. NEWPORT CENTER DR., SUITE 101  
DEERFIELD BCH FL 33442

1191 E. NEWPORT CENTER DR., SUITE 101  
DEERFIELD BCH FL 33442



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

2. New Principal Office Address, If Applicable

1405 Poinsettia Dr.

Suite, Apt. #, etc.  
Suite 12

City & State  
Delray Beach, FL

Zip Country  
33444 USA

3. New Mailing Office Address, If Applicable

1405 Poinsettia Dr.

Suite, Apt. #, etc.  
Suite 12

City & State  
Delray Beach, FL

Zip Country  
33444 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/18/1998

5. FEI Number

65-0845874

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
PSD	BRADY, JAMES E	1191 E. NEWPORT CENTER DR., SUIT	DEERFIELD BCH FL 33442
			400003447124--9 -11/01/00--01062--023 ****758.75 ****758.75

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRADY, JAMES E  
1191 E. NEWPORT CENTER DR., SUITE 101  
DEERFIELD BCH FL 33442

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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

SIGNATURE REQUIRED

Date

10/17/00

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/00

Daytime Phone #

CR2E040 (8/00)