

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 19 AM 11:07

DOCUMENT # P98000091795

1. Corporation Name

SOUTH FLORIDA STAMPS, INC.

Principal Place of Business

Mailing Address

2820 CYPRESS AVE  
MIRAMAR FL 33025

2820 CYPRESS AVE  
MIRAMAR FL 33025



REINSTATEMENT

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/27/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-080 9164	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	LEAVITT, STEPHEN	2820 CYPRESS AVE	MIRAMAR FL 33025

700003031137--0  
-11/01/99--0114--016  
MAX 750.00 MIN 750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LEAVITT, STEPHEN 2820 CYPRESS AVE MIRAMAR FL 33025		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: Stephen Z. Leavitt Date: 10-12-99

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: Stephen Z. Leavitt Date: 10-12-99 (954) 435 9293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: STEPHEN Z. LEAVITT Daytime Phone #

CR22500 (6/99)