

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 10 AM 8:01

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

AMERICAN MAIL DEPOT, INC.
P99000002821

REINSTATEMENT

01-02 ad

2. Principal Office Address

102 NE 2 Street

Suite, Apt. #, etc.

PMB167

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

102 NE 2 Street

Suite, Apt. #, etc.

PMB167

City & State

Boca Raton, FL

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1999

5. FEI Number

650886114

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

Fred Grant

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

2263 NW 2 Street, Suite 210

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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

Fred Grant

REGISTERED AGENT MUST SIGN

Date

11/22/02

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
PTSD	Richard A. Kurtzrock	102 NE Second St., #167	Boca Raton FL 33432

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:

Richard Kurtzrock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/02

Date

50-367-0571

Daytime Phone #

12/12/02
ad