

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT #

1. Corporation Name

0990000035378  
POSTMEN CORPORATION

FILED

00 NOV -6 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500003481835--6  
-11/30/00--01092--017  
\*\*\*\*750.00 \*\*\*\*750.00

2. Principal Office Address

364 SEVILLA AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

364 SEVILLA AVE.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLA

City & State

CORAL GABLES, FLA

Zip

33134

Country

USA

Zip

33134

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

4-19-1999

5. FEI Number

65-0914539

Applied

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

MARVIN LEVENTHAL

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

20721 NE 21 CT

Suite, Apt. #, Etc.

City

NORTH MIAMI

State

FL

Zip Code

33179

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

REGISTERED AGENT MUST SIGN

Date 10/31/00

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| MR     | MARVIN LEVENTHAL<br>(DIRECTOR)       | 20721 NE 21 CT                                    | NORTH MIAMI, FL 33179  |
| MS     | LAURA HAYDAR<br>(PRESIDENT)          | 6250 SW 113th St                                  | PINECREST, FL 33156    |
| MR     | RICARDO SALVATO<br>(DIRECTOR)        | 32 ALHAMBRA CIRCLE                                | CORAL GABLES, FL 33134 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

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

(RICARDO SALVATO/DIRECTOR) 10/31/00 305-4482223

Date

Daytime Phone #