

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 MAY 14 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000035378**

1. Corporation Name

POSTMEN Corp.

2. Principal Office Address

2801 SW 31st Av

Suite, Apt. #, etc.

2B

City & State

Coconut Grove FL

Zip

33133

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

65-0914539

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

Jesus Perez

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

2801 SW 31st Av

Suite, Apt. #, Etc.

2B

City

Coconut Grove

State

FL

Zip Code

33133

700005610327-1

-05/24/02-01044-031

*****900.00 ***900.00**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **5/13/02**

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
DIC	RICHARDO SALVADO	2801 SW 31st Av / 2B	Coconut Grove, FL 33133
DIC	MARVIN LEVENTHAL	2801 SW 31st Av / 2B	Coconut Grove, FL 33133

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:

MARVIN LEVENTHAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 10/2002

Daytime Phone #

(305) 445-4405

CR2E081 (9/01)