

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 28 PM 1:36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S09688

1. Corporation Name THE MAIL SHOP A.M.S., INC.

Principal Place of Business Mailing Address 546 NW 105 DR CORAL SPRINGS FL 33071 US



REINSTATEMENT 019

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

2. New Principal Office Address, If Applicable 2501 N.W. 17 LANE STE. A 3. New Mailing Office Address, If Applicable 2501 N.W. 17 LANE STE. A

Suite, Apt. #, etc. Pompano Bch. Fl. City & State

Zip 33064 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 10/26/1990

5. FEI Number 65-0229762 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for James T. Noonan, Jr. and Jill Elizabeth Noonan.

8. Name and Address of Current Registered Agent NOONAN, JAMES T., JR. 546 NW 205 DRIVE CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent Name NOONAN JAMES T. JR. Street Address 2501 N.W. 17 LANE STE. A City Pompano Bch. State FL Zip Code 33064

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 REGISTERED AGENT MUST SIGN Date 12-27-99

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 12-27-99 Daytime Phone # 954-984-2082