

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~~

~~546 NW 105 DR~~
~~CORAL SPRINGS FL 33071~~
~~US~~

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

Suite, Apt. #, etc.

Pompano Bch. FL

City & State

Zip

33064

Country

Broward

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	NOONAN, JAMES T., JR.	546 NW 105 DR	CORAL SPRINGS FL
VTD	NOONAN, JILL ELIZABETH	546 NW 105 DR	CORAL SPRINGS FL
			300003089673--9 -01/06/00--01002--008 ****750.00 ****750.00

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 (P.O. Box Number is Not Acceptable)

2501 N.W. 17 LANE STE. A

Suite, Apt. #, Etc.

City

Pompano Bch.

State

Zip Code

FL

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

SIGNATURE REQUIRED

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

12-27-99 954-984-2082

Date

Daytime Phone #