

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 16 AM 9:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000285**

1. Corporation Name

AMERICAN POSTAL OWNERS, INC.

2. Principal Office Address

12734 NW 18TH COURT

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 771090

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33071-5408

Country

USA

Zip

33077-1090

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1994

5. FEI Number

65-0464093

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

MARVIN BAKALAR

500029277345

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

12734 NW 18TH court

02/24/04--01016--003 **236.25

Suite, Apt. #, Etc.

500029277345
03/17/04--01006--014 **61.25

City

CORAL SPRINGS

State

FL

Zip Code

33071-5408

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

Marvin Bakalar

Date **02/16/2004**

REGISTERED AGENT MUST SIGN

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
D/Pr	MARVIN BAKALAR	12734 NW 18TH COURT	CORAL SPRINGS FL33071
D/VP	BIANCA BAKALAR	12734 NW 18TH COURT	CORAL SPRINGS FL 33071
D/Sec	JEREMY H BAKALAR	12734 NW 18TH COURT	CORAL SPRINGS FL 33071

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)(f); 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 BAKALAR** *Marvin Bakalar* 02/16/2004 800-393-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT 07-04

CR2E081 (01/04)