PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT (QUICK)

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

04 MAY 20 PM 5:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 159015

1. Corporation Name
ROSE PRINTING COMPANY, INC.

2. Principal Office Address	**3.** Mailing Office Address
2503 JACKSON BLUFF RD.	P.O. Box 5078
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32304 Country: USA	Zip: 32314 Country: USA

100036959041
05/20/04--01036--003 **150.00

4. Date Incorporated or Qualified To Do Business in Florida: 9-9-1949

5. FEI Number: 59-0661308 ☐ 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: CHARLES ROSENBERG
Street Address (P.O. Box Number is Not Acceptable): 2504 HARRIMAN CIRCLE
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32312

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: Charles Rosenberg (REGISTERED AGENT MUST SIGN) Date: 2-22-04

CR2E081 (9/01)

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
PRES	CHARLES ROSENBERG	2504 Harriman Circle	TALLAHASSEE, FL. 32312

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: Charles Rosenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #