PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS G70410 **DOCUMENT #** 98 SEP 17 AM11: 32 Professional Printers, Limited of Worthwest SECRETARY OF STATE TALLAHASSEE, FLORIDA W98-18665 Florida, Inc. Principal Place of Business 20 Ni Tarragona St. REINSTATEMENT 94-98 Pensacola, FL 3259 8 Pensacola, FL If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address. If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 9-9-82 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip 200002643682--2 -09/18/98--01078--024 ***1350,00 ***1350.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 202 5,73rd Ave. Name Reed Pensacola, FL Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 32*54*6 City State Zip Code 10. I, being appointed the registered agoni of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S Signature of Registered Agent _ 8-11-98 Date This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes **L** 12. 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. 8-11-98 (850)438-2922 SIGNATURE: M. Dutane Keed signature and typed o