5/24/05 039)931-9880 Date Dayline Phone #

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			<del></del>						
	RPORATION STATEMENT		Sec	PARTMENT OF ST Jim Smith retary of State I OF CORPORATIONS	ATE			AM 10: 19	
DOCUMENT # PO30000 19306  1. Corporation Name  IN FORMINT, INC						SEUMETANNE STATE TALLAHASSEE, FLORIDA			
7.	NFOPK	INI, IN	C			1 C 06/09	00059 /05010	97066 35002 *	6 <b>1</b> *308.50
2. Principal Office Address 3. Mailing Office Address									
10529 CHARLIES TEMPLE 10529 CHARLIES TEMPLE									114-5
Suite, Apt. #, etc.  Suite, Apt. #, etc.						u 1230 a 0 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
						4. Date Incorporated or Qualified To Do Business in Florida			
City & State			City & State			5. FEI Number Applied For			
FT. MYEKS Zip Country			FL			32-0058440 Not Applicable			
3390	l l	15 <i>1</i> 7	33907	Country	] '	6. CERTIFICATE	OF STATUS DESI	S8.75 Add	ditional Fee required entificate of Status
2370	1	<i></i>	_	and Address of Current	Registered				
	Name  Street Address (P.O. Box Number is Not Acceptable)  GHIG SPRINGVIETU LOSP  Suite, Apt. #, Etc.  City  ESTEKO  State  Zip Code  FL 33936								
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 Pate Signature of Registered Agent MUST SIGN								126/05	
9. Names	and Street Address	es of Each Officer an	d/or Director (Florida	nonprofit corporations must	t list at leas	at 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PRES	JOHN	A. HELI	$n$ $q_i$	116 SARINGUI	EW	LOOP	ESTE	RO, FL	33928
VP	RicHARD	A. HELY W. TREDI	FR, 3R 5	116 SARINGU 144 CEDARBE	END I	DR. #4	FT. My	iers, F	L 33919
<u>-</u>									
					·				
this rei owed t	instatement application has the corporation has	on, the reason for dis- ave been paid and the	solution has been elin names of individuals	vered to execute this application in the corporate name listed on this form do not quite same legal effect as if man	satisfies thualify for an	he requirements on exemption unde	of section 607.04	101 or 617.0401, F.	S., that all fees

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1527-L

## InfoPrint, Inc

10529 Charlies Terrace Fort Myers, FL 33907 Phone: (239) 931-9880 Fax: (239) 466-5999

May 26, 2005

Florida Department of State Division of Corporations P.O. Box 6198 Tallassee, FL 32314-6198

Subject: Document #P03000019306

Dear Sirs:

On March 3, 2005 I wrote a letter requesting that the penalty for late filing be forgiven. I had moved from my old address (20726 Country Barn Dr., Estero, FL 33928) and the post office forwarding time had expired. Therefore, I did not receive the notice. On March 16, 2005 I received the request back with the necessary form to fill out and return. I returned the form along with the check, however, I neglected to list the officers titles. The request was again returned but was returned to the old address and was not received. I called your office and was told that I could renew on line. I was told that the renewal would be \$300.00. However, the on line charge was \$900.00.

I hope this explains my situation and that it meets with a favorable response.

Sincerely

President