

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 15 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P04000036765*

1. Corporation Name

Fingerprint Studios Inc

0001 12507350
11/21/07--01031--007 **300.00

0001 12507350
11/21/07--01031--008 **150.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
7626 University Gardens dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Park Florida

City & State

Zip
32792

Country
US

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida **2-26-2004**

5. FEI Number **20-0056862** 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
Michael Truitt

Street Address (P.O. Box Number is Not Acceptable)
7626 University Gardens Dr

Suite, Apt. #, Etc.

City
Winter Park

State Zip Code
FL 32792

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____
REGISTERED AGENT MUST SIGN

Date **11-14-2007**

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
CEO	MICHAEL TRUITT	7626 UNIVERSITY GARDENS DR	WINTER PARK FL 32792

REINSTATEMENT
RH 1107

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-14-2007**
Daytime Phone #