


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC 22 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
WO 4939045 051

DOCUMENT # P 94000069376

1. Corporation Name
NARWHAL PRESS, INC.

2. Principal Office Address 1629 MEETING ST. Suite, Apt. #, etc.		3. Mailing Office Address 3006 AVIATION AVE Suite, Apt. #, etc. SI 3-A	
City & State CHARLESTON SC		City & State MIAMI FL	
Zip 29405	Country US	Zip 33133	Country US

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 9/21/1994

5. FEEL Number 650541454 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
STANLEY FULTON

Street Address (P.O. Box Number is Not Acceptable)
3006 AVIATION AVE.

Suite, Apt. #, Etc.
ST 3A

City
MIAMI

State
FL

Zip Code
33133

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 X Stanley M. Fulton REGISTERED AGENT MUST SIGN Date X 12-7-4

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	STANLEY FULTON	3006 AVIATION AVE	MIAMI FL 33133
D	LEE SPENCE	1629 MEETING ST	CHARLESTON SC 29405

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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: X Stanley M. Fulton SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date X 12-7-4 Daytime Phone # 301-983-5498

CR2E081 (01/04)