

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 26 PM 2:34

DOCUMENT # **P96000052735**

1. Corporation Name

SOUTHEASTERN BUSINESS PRINTING, INC.

Principal Place of Business

3472 CHAMBLEE ROAD
 TALLAHASSEE FL 32308

Mailing Address

PMB 396
 2910 KERRY FOREST PKWY
 TALLAHASSEE FL 32308
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

07

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida **06/20/1996**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3385852

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|----------------------|-------------------------------------|--|---|
| D | BAUER, DAVID S | 3472 CHAMBLEE ROAD | TALLAHASSEE FL 32308 |
| D | BAUER, DONNA K. | 3472 CHAMBLEE RD. | TALLAHASSEE FL |
| No longer an officer | | | 500004677925--7 -11/14/01--01014--013 ****758.75 ****758.75 |
| | | | 12/13 |

8. Name and Address of Current Registered Agent

BAUER, DAVID S.
 3472 CHAMBLEE RD.
 TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

David S. Bauer

Date

10/25/01

REGISTERED AGENT MUST SIGN

11. 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:

David S. Bauer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/01

Daytime Phone #

850-894-0408

CR2540 (8/01)