

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 10:38

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **S78044**

1. Corporation Name  
**RIVER CITY REPROGRAPHICS, INC.**

Principal Place of Business	Mailing Address
8640 PHILLIPS HWY., SUITE 21 JACKSONVILLE FL 32256 US	8640 PHILLIPS HWY., SUITE 21 JACKSONVILLE FL 32256 US



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/05/1991	
City & State		City & State		5. FEI Number	
Zip		Zip		69-3086777	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BERGER, REGINALD R.	9765 SOUTHBROOK DR #4111	JACKSONVILLE FL 32256
V	DIMMICK, CHARLES DAVID	1749 RIVER RD APT. 1	JACKSONVILLE FL 32202
V	TODD, ETHAN OBRIEN	1749 RIVER RD APT 2	JACKSONVILLE FL 32207
<p><b>REINSTATEMENT</b> <i>DLH 10</i></p> <p>100008940131                      11/12/02--01109--003 **750.00</p>			

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DIMMICK, CHARLES 1749 RIVER ROAD APT 1 JACKSONVILLE FL 32207	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	3674 Hilliard Rd Jacksonville State <b>FL</b> Zip Code <b>32217</b>

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. or 617.0505, F.S.

Signature of Registered Agent: *SIGNATURE REQUIRED* Date: 11/7/02

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: *SIGNATURE REQUIRED* Date: 11/7/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)