

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED
02 AUG 12 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12928

1. Corporation Name

Nu-kote International, Inc.

REINSTATEMENT

9702

2. Principal Office Address

200 Beasley Drive

Suite, Apt. #, etc.

3. Mailing Office Address

200 Beasley Drive

Suite, Apt. #, etc.

City & State

Franklin TN

City & State

Franklin TN

Zip

37064

Country

USA

Zip

37064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/16/1987

5. FEI Number

161289013

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

CT Corporation System

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

1200 S Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

300007111573--4
-08/14/02-01055-013
***1500.00 ***1500.00

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

PETER F. SOUZA
ASSISTANT SECRETARY

Date

8/9/02

REGISTERED AGENT MUST SIGN

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
P	C. Ronald Baiocchi	200 Beasley Drive	Franklin TN 37064
VP/D	Phil Theodore	200 Beasley Drive	Franklin TN 37064
S	David Bourgeois	200 Beasley Drive	Franklin TN 37064
D	John Rochon	200 Beasley Drive	Franklin TN 37064

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/29/02

Daytime Phone #

615.591.3523

CR2081 (9/01)