PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1997 DEC 23 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 145859

1. Corporation Name
THE GUILD PRESS, INC.

Principal Place of Business	Mailing Address
447 EAST 21ST STREET JACKSONVILLE FL 32206-2201	447 EAST 21ST STREET JACKSONVILLE FL 32206-2201

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/11/1960

5. FEI Number: 59-0542387 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PT	SIKES, JOHN M., JR.	P.O. BOX 1303 N/A	KEYSTONE HTS FL 32656
V	SIKES, MARIAN M.	P.O. BOX 1303 N/A	KEYSTONE HTS FL 32656
V	HOLLOWAY, SHERRY S.	1262 MENNA STREET	JACKSONVILLE FL
V	CUNNINGHAM, KARI S.	418 SUNSET DRIVE	JACKSONVILLE FL
S	SIKES, JOHN M., III	P.O. BOX 1303 N/A	KEYSTONE HTS FL 32656

REINSTATEMENT 97 12/23/97

8. Name and Address of Current Registered Agent

SIKES, JOHN M., JR.
P.O. BOX 1303
5010-1 COUNTY RD. 214
KEYSTONE HTS FL 32656

9. Name and Address of New Registered Agent
Name [redacted]
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City — State FL — Zip Code

700002388607--8
-12/26/97--01085--022
****750.00 ****750.00

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: John M Sikes Jr. — REGISTERED AGENT MUST SIGN — Date 12/20/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Marian M Sikes — Marian M. Sikes — 12/22/97 — 904/355-0524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/97)