

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 SEP 22 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 394116

1. Corporation Name

Press, Inc.

2. Principal Office Address

1027 Broadway

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip

34698

Country

USA

3. Mailing Office Address

1027 Broadway

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip

34698

Country

USA.

REINSTATEMENT

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1972

5. FEI Number

591380369

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

G. Michael Mackenzie

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

1027 Broadway

Suite, Apt. #, Etc.

City

Dunedin

State
FL

Zip Code

34698

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

G. Michael Mackenzie
REGISTERED AGENT MUST SIGN

Date 9/21/2006

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
PD	Luther C. Stinnett	72 MOSSWOOD LN.	Bristol, VA 24201
VPD	G. Michael Mackenzie	1027 Broadway	Dunedin, FL 34698
SD	Clement Story, III	115 W. Main St.	Lafayette, LA 70502

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09/27/06--01048--006 **1050.00

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 contained in Chapter 119, 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:

G. Michael Mackenzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Michael Mackenzie

9/21/2006
Date

727-733-1722
Daytime Phone #

9/26/06