PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED 08 SEP 22 PM 12: 38 SECRETARY TO LATE
DOCUMENT # 467321 1. Corporation Name			TALLAHASSEE, FLÖRIÐA
C & D Printing Inc. WDSDOUTIG 47 2. Principal Office Address - No P.O. Box # 12150 28th Street N Suite, Apt. #, etc. Suite, Apt. #, etc. City. & State St. Petersburg Zip Country 33713 USA 7. Name and Address of Current Registered Agent Name			4. Date Incorporated or Qualified To Do Business in Florida 1/9/75 5. FEI Number 59 – 1589348 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status The reinstatement fee is imposed, except in
Mouser & Mouser, PA. Street Address (P.O. Box Number is Not Acceptable) 1032 Martin Luther King Blvd North Suite, Apt. #, Etc. City State State Zip Code 33705			circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
8. 1, 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 Date 9/16/08 POUS PAYOUS PAYOUS PAYOUS PAYOUS PAYOUS SIGN			
Names and Street Addresses of Each Officer and Name of	d/or Director (Florida nonprofit co	rporations must list at lea	· · · · · · · · · · · · · · · · · · ·
Titles Officers and/or Directors		Officer and/or Director	
D. William S. Serat	a 10712	Harborsid	de Drive Seminole, Fl 33773
			400135598994 09/09/0801019003 **1500.00
	REI	NSTAT	rement 04-08
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: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			