

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REVISED
AND
FILED

98 DEC 30 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 468726

1. Corporation Name

TRADE COLOR PRESS, INC.

Principal Place of Business

977 NORTHWEST 53RD STREET
FT LAUDERDALE FL 33309

Mailing Address

977 NORTHWEST 53RD STREET
FT LAUDERDALE FL 33309

* If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1975

5. FEI Number

59-1568754

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
VP	JARVIS, RICHARD L.	3007 N. OAKLAND FOREST DR. #104	FT LAUDERDALE FL
PD	MOORE, SAMUEL R	2200 S CYPRESS BEND DR	POMPANO BEACH FL
ST	RITTS, JEANNETTE S.	2621 NW 55TH ST. 4491 Crystal Lake Dr.	TAMARAC FL Pompano Beach, FL
			300002733589--3 01/07/99 01000 010 ***750.00 ***750.00
			0012/30

8. Name and Address of Current Registered Agent

MURPHY, RICK L.
2855 UNIVERSITY DRIVE
SUITE 110
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name Samuel R. Moore
Street Address (P.O. Box Number is Not Acceptable)
2200 S. Cypress Bend Drive
Suite, Apt. #, Etc.
Apt. 708
City Pompano Beach State FL Zip Code 33069-4428

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

SIGNATURE REQUIRED
Samuel R. Moore, President

Date Dec 28, 1998

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Samuel R. Moore, President

Date Dec. 28, '99 Daytime Phone # (954) 772-3940

CR2E040 (9/98)