

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

**APPLICATION
FOR
REINSTATEMENT**

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

DOCUMENT # 482239

1. Corporation Name
PISCES PRINTING CO., INC.

Principal Place of Business
**2729 N DIXIE HIGHWAY
WILTON MANORS FL 33334
US**

Mailing Address
**2729 N DIXIE HWY
WILTON MANORS FL 33334
US**

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		4. Date Incorporated or Qualified To Do Business in Florida 08/11/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1619365	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PS	BAUMANN, SANDRA	2729 N DIXIE HIGHWAY	WILTON MANORS FL
T	BAUMANN, GERALD	2729 N DIXIE HIGHWAY	WILTON MANORS FL

300002333003--5
-10/29/97--01103--001
****165.00 ****165.00

8. Name and Address of Current Registered Agent

**BAUMANN, SANDRA
629 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2729 N. Dixie Highway
Suite, Apt. #, Etc.
City **Wilton Manors** State **FL** Zip Code **33334**

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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

10/23/97 (954) 561-5600
Date Daytime Phone #

CR2ED40 (8/97)



2729 North Dixie Highway
Wilton Manors, Florida 33334
(954) 561-5600

Fax (954) 561-5625

October 23, 1997

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Attn: Leslie

RE: Document #482239

Dear Leslie:

Enclosed is all the paperwork we hope will resolve this matter. We have always relied upon the mail getting to us. Our address is printed above just to make sure we match.

What's shocking to us is that you sent the form twice. We never received the correspondence.

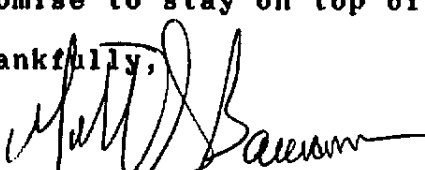
We are noting on our calendar that by the end of February 1998 to call you at (850) 487-6059 if we have not received our corporation renewal.

We have been in business for 22 years and would never jeopardize our lifeline for \$165.00.

We can only hope and pray you accept our \$165.00 now.

Please consider us "on notice" for future endeavors. We promise to stay on top of this.

Thankfully,


Gerald S. Baumann
Treasurer

GSB/lwr

enc: check

Member of

PAF
PUBLICATION ASSOCIATION OF FLORENCE, NC