PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 12 PM 3:16

DOCUMENT # **504180**

1. Corporation Name

PRINTING CONCEPTS, INC.

Principal Place of Business	Mailing Address
3698 1/2 NW 16 ST. BAY E LAUDERHILL FL 33311	3698 1/2 NW 16 ST. BAY E LAUDERHILL FL 33311

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

REINSTATEMENT 01

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: **05/27/1976**

5. FEI Number: **59-1668038** ☐ 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	4 City / State / Zip
PD	WACTLAR, REUBEN	2347 S.W. 17TH DR	DEERFIELD FL
D	WACTLAR, ALICE	2347 S.W. 17TH DR	DEERFIELD FL
ST	WACTLAR, ALICE	2347 S.W. 17TH DR	DEERFIELD FL
VD	WACTLAR, LAWRENCE	3261 NW 95 TERR.	SUNRISE FL

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****750.00 ****750.00

12/20

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WACTLAR, LAWRENCE 3261 NW 95TH TERR SUNRISE FL 33321	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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: Lawrence Wactlar
REGISTERED AGENT MUST SIGN

Date: 10/11/01

11. 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: Lawrence Wactlar LAWRENCE WACTLAR 10/11/01 954 581-3635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #