

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 22 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

522586

1. Corporation Name

PHASE ONE PRINTING, INC

200016234852
04/18/03--01017--010 **300.00

2. Principal Office Address

9885 NW 52nd TERR

3. Mailing Office Address

P.O. BOX 227398

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33178

Country

U.S.A.

Zip

33122

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/76

5. FEI Number

59-1710534

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

YOLANDA RIVERS

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

9885 NW 52nd TERR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

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

REGISTERED AGENT MUST SIGN

Date 04/14/03

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	YOLANDA- RIVERS	9885 NW 52nd TERR	MIAMI, FL 33178
FVP	GEORGE ARGUELLES	P.O.BOX 331718	MIAMI, FL 33233
S	JOSEPH ARTHUR RIVERS	699 CLAY ST	WINTER PARK, FL 32789

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 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:

YOLANDA RIVERS

04/14/03

305-593-9755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

4120