

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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



APPROVED
AND
FILED

1997 JUN 11 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #633362

1. Corporation Name

MULLINS PRINTING, INC.

Principal Place of Business

Mailing Address

194 FLAMINGO AVE.
FT. PIERCE, FL 34982

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

2. New Principal Office Address, If Applicable

194 FLAMINGO AVE.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

194 FLAMINGO AVE.

Suite, Apt. #, etc.

City & State

FT. PIERCE FL

City & State

FT. PIERCE, FL

Zip

34982

Country

USA

Zip

34982

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

ORIGINALY AUGUST 1979

5. FEI Number

59-1931981

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PT	DONALD F. MULLINS	194 FLAMINGO AVE.	FT. PIERCE, FL 34982

2000002210592-6

06/12/97-01108-004

***1828.75 ***1828.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

DONALD F. MULLINS
194 FLAMINGO AVE.
FT. PIERCE, FL 34982

9. Name and Address of New Registered Agent

Name DONALD F. MULLINS
Street Address (P.O. Box Number is Not Acceptable)
194 FLAMINGO AVE.
Suite, Apt. #, Etc.

City FT. PIERCE

State FL

Zip Code 34982

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

Donald Mullins

REGISTERED AGENT MUST SIGN

Date 6/9/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Donald F. Mullins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 467-0157
Daytime Phone #

CR2EC040 (12/96)