

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 685337

1. Corporation Name

I. C. M. PRINTING COMPANY, INC.

Principal Place of Business

1331 S. MAIN  
GAINESVILLE FL 32601

Mailing Address

1331 S. MAIN  
GAINESVILLE FL 32601

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.

~~112 SW 6th St~~

City & State  
Gainesville, FL

Zip  
32602

Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

~~P.O. Box 1135~~

City & State  
Gainesville, FL

Zip  
32602

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/26/1980

5. FEI Number

59-2069959

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	City / State / Zip
P	KAVANAUGH, ROBERT G	1331 S. MAIN STREET	GAINESVILLE FL
S	ENGLISH, TRACE	1331 S. MAIN STREET	GAINESVILLE FL

400003932004--5  
-03/30/01--01088--009  
\*\*\*300.00 \*\*\*300.00

8. Name and Address of Current Registered Agent

KAVANAUGH, ROBERT G  
1331 S. MAIN  
GAINESVILLE FL 32601

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Robert Kavanagh*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/17/00

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:

*Robert Kavanagh*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAVANAUGH

Date

10/17/00

Daytime Phone #

352.371-7468

CR2040 (8/00)