PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721744

1. Corporation Name

APALACHEE PRESS, INC.

Principal Place of Business	Mailing Address
~~1168 SEMINOLE DR.~~ P.O. BOX 10469 TALLAHASSEE FL 32302 US	~~1168 SEMINOLE DR.~~ P.O. BOX 10469 TALLAHASSEE FL 32302 US

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

REINSTATEMENT 99-00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4541 Pecan Branch	4541 Pecan Branch
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/21/1971

5. FEI Number: 59-1801633 — 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~PRD~~ D	HAMBY, BARBARA	1168 SEMINOLE	TALLAHASSEE FL
~~VSD~~	~~MACQUEEN, KIM~~	~~422 JACKSON ST.~~	~~TALLAHASSEE FL 32303~~
~~D~~	~~MCCALL, PAUL~~	~~602 BEARD ST.~~	~~TALLAHASSEE FL~~
PTD	NEWTON, LAURA	4541 Pecan Branch	Tallahassee, FL 32308
VSD	Ryals, Mary Jane	2112 Alton Road	Tallahassee, FL 32303

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HAMBY, BARBARA 1168 SEMINOLE DR. TALLAHASSEE FL 32301	Name: LAURA NEWTON Street Address (P.O. Box Number is Not Acceptable): 4541 Pecan Branch Suite, Apt. #, Etc.: City: Tallahassee — State: FL — Zip Code: 32308

CR2E040 (8/99)

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: SIGNATURE REQUIRED Laura Newton — Date: 5/26/2000
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED Laura Newton — 5/26/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LAURA NEWTON