

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAR -2 AM 9:39

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 828853
1. Corporation Name
Superior Printing Ink Co., Inc.

300067436753
08/09/06--01014--005 **1050.00

REINSTATEMENT 04-06 Doc

2. Principal Office Address
70 BEDFORD STREET

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
New York NY

City & State

Zip
10014 NY

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
13-5422130

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status

CR2E061 (12/05)

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number if Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Mt. Pleasant

State
FL

Zip Code
33324

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
Jennifer Sc...

Jennifer Sc...
Assistant Secretary

Date
3/1/06

REGISTERED AGENT MUST SIGN

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
CEO	<i>JENNIFER SIMONS</i>	<i>4799 SANDWICH LANE</i>	<i>DAKOTA, FL 33421</i>
Managing Director	<i>Harvey R. Price</i>	<i>15 West 81 St.</i>	<i>NY, NY 10024</i>

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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
2/28/06

Daytime Phone #
212-741-3601