PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **F0000005065**

1. Corporation Name

STANDARD/PRESS EQUIPMENT CO, INC.

Principal Place of Business

Mailing Address

4487-G PARK DRIVE

SIGNATURE:

4487-G PARK DRIVE

FILED

01 DEC 28 PM 1:29

SEGRETARY OF STATE TALLAHASSEE FLORIDA

NORCROSS GA 30093			NORCROSS GA 30093			† 1001/00 1/41 00/1/4 04/1/ 04/1/ 04/1/ 04/1/ 04/1/ 04/1/ 04/1/ 04/1/ 04/1/ 04/1/ 04/1/			
				. f t		PEINICT	PATEMENT	2001	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						A Data Incom	orated or Qualified		
2. New Principal Office Address, if Applicable 3. New Main				TIS Office Address, if Applicable 4.			Date Incorporated or Qualified To Do Business in Florida 09/11/2000		
Suite, Apt. #, etc. Suite, Apt. #						5. FEI Numbe		Applied For	
City & State City			City & State	City & State			58-2377532	Not Applicable	
						6. \$8.75 Additional Fee required			
Zip Count		Country	Zip Coun		Country			a Certificate of Status	
7 11/2	and Chroat Ar	Idresses of Each Officer and	/or Director /Flo	rida nonnrofi	t corporations must list at le	ast 3 directors)		<u> </u>	
7. barnes	and Street At	Name of Officers	701 Dilector (110	Tida fidripidii	Street Address of Eac				
Title(s)	e(s) and/or Directors			Officer and/or Director			City / State / Zip		
PCD	JACOPS, STEVE			2777 BOMAN RD.			DOUGLASVILLE GA		
TD	SZUCS, DANIEL J			105 MANDALAY RD.			GAINESVILLE GA		
\$D	GULLEY, JERRY			3758 WOODROSE COURT			LITHONIA GA		
·	3					81	00047646 -01/10/02011 ****750.00 *	****750.00	
						9. Name and Address of New Registered Agent			
8. Name and Address of Current Registered Agent						Name			
					744,770				
MAKOFKA, LESTER					Street Address (P.O. Box Number is Not Acceptable)				
24 N. MARKET ST., STE 402 JACKSONVILLE FL 32202					Suite, Apt. #, Etc.				
					City		State FL	Zip Code	
10. I, bein	g appointed t	he registered agent of the ab	ove named corp	oration, am f	amiliar with and accept the o	obligations of Sect	tion 607.0505, F.S.	-	
Signature o	of Agent	mpaly		. 70)1, <i>1</i>			Date 12 /26/01		
			EGISTERED AG	IENI MUST	SIGN		<u> </u>		
11. I certify this rei	y that I am an	officer or director or the reco oplication, the reason for diss	eiver or trustee er solution has beer	mpowered to eliminated,	execute this application as the corporate name satisfies	provided for in ch s the requirements	apter 607 or 617, F.S. 1 further co s of section 607.0401 or 617.040	ertify that when filing 1, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR