

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F94000005534

1. Corporation Name

PRINTS PLUS, INC.

Principal Place of Business

2500 BISSO LN.  
BLDG. 200  
CONCORD CA 94520

Mailing Address

2500 BISSO LN.  
BLDG. 200  
CONCORD CA 94520

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/1994

5. FEI Number

94-2779333

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
PCEO	UPLAND, THEODORE R III	2500 BISSO LN.	CONCORD CA
VP	HESS, DON	2500 BISSO LN BLDG 20	CONCORD CA 94520
V	GUMMERE, JEFF	2500 BISSO LN.	CONCORD CA
SVP	JOHNSON, DENNIS B	2500 BISSO LN.	CONCORD CA
VPS	TAUNER, MARY	2500 BISSO LN BLDG 20	CONCORD CA 94520
VP	FALK, RHONDA	2500 BISSO LN BLDG 20	CONCORD CA 94520

8. Name and Address of Current Registered Agent

C-T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Rhonda Falk 11-9-01 925-602-0471

Date

Daytime Phone #