

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 10 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000002597**

1. Corporation Name

**U.S. PRINTING, INC.**

Principal Place of Business

11000 METRO PKWY  
SUITE 25  
FORT MYERS FL 33912  
US

Mailing Address

11000 METRO PKWY  
SUITE 25  
FORT MYERS FL 33912  
US

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

05/30/1995

5. FEI Number

36-3501063

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
CPS	HOVING, KAREN	11000 METRO PKWY, SUITE 25	FORT MYERS FL
VT	HOVING, JOHN	11000 METRO PKWY, SUITE 25	FORT MYERS FL

600023705616

10/10/03--01028--022 \*\*750.00

8. Name and Address of Current Registered Agent

HOVING, JOHN  
11000 METRO PKWY, SUITE 25  
FORT MYERS FL 33912

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. or 617.0505, F.S.

Signature of  
Registered Agent

*John Hoving*  
REGISTERED AGENT MUST SIGN

Date 10-9-03

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:

*John Hoving* **John Hoving** U.P. 10-803 239275-7999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)