F96000005524

TRADE PRINTING
SYSTEMS, INC.

8220 W. 107th St. . Palos Hills, IL 60465

Reinstatement Trademark

Other

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CORPORATION	NAME(S) & DOCUME	NT NUMBER(S), (if I	known):	
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Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 11, 1996

TRADE PRINTING & SYSTEMS, INC. 8220 W. 107TH ST. PALOS HILLS, IL 60465

SUBJECT: TRADE PRINTING & SYSTEMS, INCORPORATED

Ref. Number: W96000021643

We have received your document for TRADE PRINTING & SYSTEMS, INCORPORATED and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please note that we are returning the photocopy which you submitted.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 696A00046491

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Trade Printing + Systems, Incorporated	VISIO!						
	(Name of corporation: must-include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	FILE						
2.	(State or country under the law of which it is incorporated) (Fill number, if applicable)	STATE O						
4.	(Date of incorporation) 5. October 1 (Duration: Year corp. will cease to exist or "perpetual")	.						
6.	11-1-96 (Date first transacted business in Florida, (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	-						
7.	8220 W. 107th St.							
	Pulos Hills, 12 60465 (Current mailing address)							
	(Current mailing address)							
8	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)							
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)							
	Name: MARTIN S JONES							
	Office Address: 6030 CENTRAL AVE. SUITE B							
	A. PETELSBURG , Florida , 33707 (Zip Code)	and the same of th						
10.	Registered agent's acceptance: (Zip Code)							
corp	ving been named as registered agent and to accept service of process for the above st poration at the place designated in this application, I hereby accept the appointmen istered agent and agree to act in this canacity. I further agree to comply with the provision	ated t as						

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

and accept the obligations of my position as registered agent.

all statutes relative to the proper and complete performance of my duties, and I am familiar with

(Registered agent's signature)

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: __ Address: Vice Chairman: Address: ______ Director: Address: Director: Address: _ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: W. 107# St. Address: Pales Hills 1L 60465 Vice President: Address: Secretary: ___ Address: Treasurer: ___ Address: _____ **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

File Number 5894-550-1



To all to whom these presents Shall Come, Greeting:

I, George H. Ryan. Secretary of State of the State of Alinois,



In Te	f ynomite	Mherrof, I her	clo sel
		be affixed the Great	
, the State of	Illinois this _	3()TH
day of	.TITT V	A.D., 19_96	; -

George H' Ryan