

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# G67307

**FILED**  
**Sep 27, 2006**  
**Secretary of State**

**Entity Name:** IDEAL PRINTING OF HYPOLUXO, INC.

**Current Principal Place of Business:**

3747 S CONGRESS AVE  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

3747 S CONGRESS AVE  
LAKE WORTH, FL 33461

**New Mailing Address:**

**FEI Number:** 59-2362094      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GERVASI, NICHOLAS  
3753 BARKIS AVE  
BOYNTON BEACH, FL 33436      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHANNON COSGROVE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P                      ( ) Delete  
Name: GERVASI, NICHOLAS,  
Address: 3753 BARKIS AVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: V                      ( ) Delete  
Name: COSGROVE, SHANNON K SECY  
Address: 4583 EMERALD VISTA # 303  
City-St-Zip: LAKE WORTH, FL 33461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON COSGROVE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

09/27/2006

\_\_\_\_\_  
Date