


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 MAR 22 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

413175

1. Corporation Name

Promise Printing and Copying, Inc

2. Principal Office Address
800 SE Lincoln Avenue

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Stuart, Florida

City & State

Zip
34994

Country
USA

Zip

Country

REINSTATEMENT

06-05

4. Date Incorporated or Qualified
To Do Business in Florida 07/20/1984

5. FEI Number
59-2436507

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
W. Thomas Wackeen

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

Suite, Apt. #, Etc.
102

City
STUART

State
FL Zip Code
34994

900049736909
04/04/05--01003--019 **1500.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date March 17, 2005

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Thomas Foselli	800 SE Lincoln Avenue	Stuart, FL 34994
SD	Clare Foselli	800 SE Lincoln Avenue	Stuart, FL 34994

\$ 73/25

10. 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]

Thomas Foselli

3/17/05

772-287-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)