PLEASE READ ALL INSTRUCTIONS BEFORE COI

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 24 1997 8:00 am
Secretary of State

DOCUMENT # H35677

1. Corporation Name

MIDWEST BLUEPRINT COPY CO., INC.

Principal Place of Business	Mailing Address
~~% RICHARD M. VOGEL~~ Remove 2206 TRADE CENTER WAY NAPLES FL 33942	~~% RICHARD M. VOGEL~~ Remove 2206 TRADE CENTER WAY NAPLES FL 33942

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/27/1984

5. FEI Number: 59-2502621 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	HOVLAND, SUSAN F.	11983 N TAMIAMI TRL	NAPLES FL
~~V~~	~~BECKENDORF, JAMES P~~	~~2081 47TH TERR SW~~	~~NAPLES FL~~ DELETE
DP	VOGEL, PATRICIA A.	3936 TAMIAMI TRAIL NORTH	NAPLES FL
V	VOGEL, JOEL D.	2030 GORDON DR	NAPLES FL
ST	VOGEL, RICHARD M.	3936 TAMIAMI TRAIL NO.	NAPLES FL

200002358107--7
-11/26/97--01090-021
****750.00 ****750.00

8. Name and Address of Current Registered Agent

VOGEL, RICHARD M.
3936 TAMIAMI TRAIL NORTH, SUITE "A"
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name: Joel Vogel
Street Address (P.O. Box Number is Not Acceptable): 2206 TRADE CENTER WAY
Suite, Apt. #, Etc.:
City: NAPLES State: FL Zip Code: 34109

CR2E040 (8/97)

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: Joel Vogel Date: 11-21-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Joel Vogel V. President 11-14-97 941-566-2214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #