


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # **H45573**

1. Corporation Name

**Supreme Printing Corp.**

2. Principal Office Address

**8562 NW 56 ST**

Suite, Apt. #, etc.

City & State

**MIAMI Florida**

Zip

**33166**

Country

**USA**

3. Mailing Office Address

**8562 NW 56 ST**

Suite, Apt. #, etc.

City & State

**MIAMI Florida**

Zip

**33166**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**59-2634582**

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

**Theodore J. Silver**

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

**1570 MADROGA AVE Suite 216**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33146**

**100076158901**

**06/13/06 01046 012 \*\*\*00.00**

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

Date

REGISTERED AGENT MUST SIGN

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.	JOSE A. Estevez	8562 NW 56 ST	MIAMI FL 33166
VP	Felipe M. Estevez	8562 NW 56 ST	MIAMI FL 33166
ST	GERARDO F Estevez	8562 NW 56 ST	MIAMI FL 33166

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 contained in Chapter 119, 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: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**x 5/1/06**

Date

**x 305 594 1765**

Daytime Phone #