PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 12 AM 10: 36

SECRETARY OF STATE

DOCUMENT # J12867 1. Corporation Name HD Quikprint & Discount Office Supply Inc.				TALLAMASSÉE FLORIDA
		······································		
	oal Office Address University Blvd	3. Mailing Of 6336 Ur	Office Address Iniversity Blvd.	REINSTATIONENT
Suite, Apt. #, etc.		Suite, Apt. #, 6	etc.	4. Date Incorporated or Qualified To Do Business in Florida — May 6,1986
	er Park Fl.	City & State Winter F	Park Fl	5. FEI Number Applied For Not Applied For Not Applied For Not Applied For Not Applied For Applied For Applied For Applied For Not Applied For Applied
Zip 32792	Country 2 Orange	^{Zip} 32792	Country Orange	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status
			Name and Address of Current Registe	
	^{Name} J. Kenneth Berl	thold		300024579733 11/12/93 01010 006 **150.40
	Street Address (P.O. Box Number is Not Acceptable) 487 Julian Ln.			11/12/03 01010 00-
	Suite, Apt. #, Etc.			
	City Maitland			State Zip Code FL 32751
8. I, being Signature o Registered	of Or her	e above named corpora		obligations of section 607.0505 or 617.0503, F.S. Date 10/31/03
9. Names	and Street Addresses of Each Office	er and/or Director (Flor	orida nonprofit corporations must list at le	least 3 directors)
Titles	Name of Officers and/or Direc	ctors	Street Address of Each Officer and/or Directo	
Pres.	Mark Berthold		9000 Woodbreeze Blvd	Windermere Fl 34786
V.P.	Christine Schilling		5102 La Mancha Ct	Orlando Fl 32822
TS	S J. Kenneth Berthold		487 Julian Ln.	Maitland Fl 32751
	i		-	
10. I certify	y that I am an officer or director or the r	receiver or trustee em	spowered to execute this application as	s provided for in chapter 607 or 617, F.S. I further certify that when filing

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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Kenneth Berthold

10/31/03

407-678-15-355

Date

Daytime Phone #

MARK BERTHOLD HD QUIKPRINT

6336. University Blvd. Winter Park, Florida

407-677-1666

October 31, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FI 32314

To Whom It May Concern,

Enclosed is a Corporation Reinstatement form for our company. According to my conversation via telephone with one of your representatives our corporation status has been revoked due to undeliverable documents. Your division had on file our old P.O. Box. Mid last year we changed our address and have been using our principle office address for all incoming mail. We have submitted a reinstatement form as well as a check fo 150.00 to cover the Corporation fees. Thank you for your assistance in this matter.

Sincerely,

Mark Berthold President

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