

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>		<p style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p style="text-align: center;">99 OCT 21 PM 12:22</p>																					
<p>DOCUMENT # K39668</p>																							
<p>1. Corporation Name ASSOCIATED PRINTING CORPORATION</p>																							
<p>Principal Place of Business</p>		<p>Mailing Address</p>																					
<p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>																							
<p>2. New Principal Office Address, If Applicable 6555 N POWERLINE RD Suite, Apt. #, etc. 205 City & State FT LAUDERDALE, FL Zip 33309 Country USA</p>		<p>3. New Mailing Office Address, If Applicable SAME AS PRINCIPAL Suite, Apt. #, etc. City & State Zip Country</p>																					
		<p>4. Date Incorporated or Qualified To Do Business in Florida 1988</p>																					
		<p>5. FEI Number 65-0084586</p>																					
		<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																					
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1. Title(s)</th> <th style="width:30%;">2. Name of Officers and/or Directors</th> <th style="width:30%;">3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">4. City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PST</td> <td>ZENKER, STEVEN</td> <td>9701 WESTVIEW DR # 1417</td> <td>CORAL SPRINGS, FL 33076</td> </tr> <tr> <td>D</td> <td>ZENKER, STEVEN</td> <td>9701 WESTVIEW DR # 1417</td> <td>CORAL SPRINGS, FL 33076</td> </tr> <tr> <td>V</td> <td>PROCTOR, PHILL</td> <td>1666 NW 82ND AVENUE</td> <td>CORAL SPRINGS, FL 33071</td> </tr> <tr> <td colspan="4" style="text-align: right;"> 400003029954--5 -11/01/99--01010--008 ****300.00 ****300.00 <i>[Signature]</i> 10/20/99 </td> </tr> </tbody> </table>				1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip	PST	ZENKER, STEVEN	9701 WESTVIEW DR # 1417	CORAL SPRINGS, FL 33076	D	ZENKER, STEVEN	9701 WESTVIEW DR # 1417	CORAL SPRINGS, FL 33076	V	PROCTOR, PHILL	1666 NW 82ND AVENUE	CORAL SPRINGS, FL 33071	400003029954--5 -11/01/99--01010--008 ****300.00 ****300.00 <i>[Signature]</i> 10/20/99			
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<p>8. Name and Address of Current Registered Agent</p> <p>STEVEN ZENKER 9701 WESTVIEW DR #1417 CORAL SPRINGS, FL 33076</p>		<p>9. Name and Address of New Registered Agent</p> <p>STEVEN ZENKER Street Address (P.O. Box Number is Not Acceptable) 9701 WESTVIEW DR #1417 Suite, Apt. #, Etc. City CORAL SPRINGS State FL Zip Code 33076</p>																					
<p>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.</p> <p>Signature of Registered Agent <i>[Signature]</i> Date 10/20/99</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																							
<p>11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																							
<p>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.</p>																							
<p>SIGNATURE: <i>[Signature]</i> 10/20/99 954493-8700 X105</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																							

CR2E03 (12/98)



October 20, 1999

To: Secretary of State

From: Steven Zenker
Associated Printing Corporation

To Whom It May Concern:

Enclosed please find our reinstatement form and a check for \$300.00 for reinstatement fees.

We were dissolved by the state because we did not file our 1998 Corporation Annual Report.

Our prior place of business was in an executive office suite where the mail did not get forwarded, thereby, our form for 1998 was not sent to our current offices.

I have also enclosed a Fedex copy with the person's name that I spoke to on 10/19 regarding payment for reinstatement. I was told a check for \$300.00, our new application and this letter would be sufficient.

Please process as soon as possible.

Any questions, please call me (954) 493-8700 x 105

Sincerely,

A handwritten signature in black ink, appearing to be "S. Zenker", written over a horizontal line.

Steven Zenker
President

9170457914

9170457914

RECIPIENT'S COPY

DATE Date <u>12/15/9</u>		RECIPIENT'S COPY	
FROM (YOUR NAME) PLEASE PRINT From (Your Name) Please Print _____		TO (RECIPIENT'S NAME) PLEASE PRINT To (Recipient's Name) Please Print _____	
COMPANY Company _____		RECIPIENT'S PHONE NUMBER (VERY IMPORTANT) Recipient's Phone Number (Very Important) _____	
DEPARTMENT/FLOOR NO. Department/Floor No. _____		DEPARTMENT/FLOOR NO. Department/Floor No. _____	
STREET ADDRESS Street Address _____		STREET ADDRESS (WE CANNOT DELIVER TO P.O. BOXES OR P.O. ZIP CODES) Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes) _____	
CITY City _____		CITY City _____	
STATE State _____		STATE State _____	
ZIP REQUIRED ZIP Required _____		ZIP REQUIRED ZIP Required _____	
YOUR INTERNAL BILLING REFERENCE INFORMATION (OPTIONAL) (FIRST 24 CHARACTERS WILL APPEAR ON INVOICES) Your Internal Billing Reference Information (Optional) (First 24 characters will appear on invoices) _____			
PAYMENT Payment _____		IF HOLD AT FEDEX LOCATION, PRINT FEDEX ADDRESS HERE If Hold at FedEx Location, Print FedEx Address Here _____	
CITY City _____		CITY City _____	
STATE State _____		STATE State _____	
ZIP REQUIRED ZIP Required _____		ZIP REQUIRED ZIP Required _____	

SERVICES (Check only one box)		DELIVERY AND SPECIAL HANDLING (Check services required)		WEIGHT In Pounds Only		YOUR DECLARED VALUE (See 950)		Emp. No. _____ Date _____		Federal Express Use	
Priority Overnight (Delivery by next business morning) 11 <input type="checkbox"/> OTHER PACKAGING 16 <input type="checkbox"/> FEDEX LETTER* 12 <input type="checkbox"/> FEDEX PAK* 13 <input type="checkbox"/> FEDEX BOX 14 <input type="checkbox"/> FEDEX TUBE		Standard Overnight (Delivery by next business afternoon on business days) 51 <input type="checkbox"/> OTHER PACKAGING 56 <input type="checkbox"/> FEDEX LETTER* 52 <input type="checkbox"/> FEDEX PAK* 53 <input type="checkbox"/> FEDEX BOX 54 <input type="checkbox"/> FEDEX TUBE		Weekday Service 1 <input type="checkbox"/> HOLD AT FEDEX LOCATION WEEKDAY (Fill in Section 10) 2 <input type="checkbox"/> DELIVER WEEKDAY				<input type="checkbox"/> Cash Received <input type="checkbox"/> Return Shipment <input type="checkbox"/> Third Party <input type="checkbox"/> Chg. To Del. <input type="checkbox"/> Chg. To Hold		Base Charges _____ Declared Value Charge _____	
		Saturday Service 31 <input type="checkbox"/> HOLD AT FEDEX LOCATION SATURDAY (Fill in Section 10) 3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge) (Not available in all locations)						Street Address _____ City _____ State _____ Zip _____		Other 1 _____ Other 2 _____	
Economy Two-Day (Delivery by second business day) 30 <input type="checkbox"/> ECONOMY* <small>* Economy Letter Rate not available One pound Economy rate</small>		Government Overnight (Restricted for authorized users only) 46 <input type="checkbox"/> GOVT LETTER 41 <input type="checkbox"/> GOVT PACKAGE		Special Handling 4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge) 6 <input type="checkbox"/> DRY ICE <small>Dangerous Goods Shipper's Declaration not required</small>		Total Total Total		Received By: X _____		Total Charges _____	
Freight Service (For packages over 150 lbs.) 70 <input type="checkbox"/> OVERNIGHT FREIGHT** <small>(Confirmed commitment required)</small> 80 <input type="checkbox"/> TWO-DAY FREIGHT** <small>(Confirmed commitment req'd)</small>				DIM SHIPMENT (Chargeable Weight) _____ lbs. L x W x H		Date/Time Received _____ FedEx Employee Number _____		REVISION DATE 12/92 PART #137204 FXEM 2/94 FORMAT #150 <div style="border: 2px solid black; padding: 5px; display: inline-block; font-size: 24pt; font-weight: bold;">150</div>			
<small>** Delivery commitment req'd **Declared Value Limit \$500.</small>				Dry lbs. 8.1 UNITS Kg. 804 IN _____		Received At _____ 1 <input type="checkbox"/> Regular Stop 3 <input type="checkbox"/> Drop Box 4 <input type="checkbox"/> B.S.C.		© 1992-93 FEDEX PRINTED IN U.S.A.			