

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 24 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/20/03--01062--001 **150.00

DOCUMENT # L01000005072

1. Limited Liability Company's Name
Print2Web L.L.C.

2. Principal Office Address 2600 Dr. M. L. King St. North		3. Mailing Office Address 2600 Dr. M. L. King St. North	
Suite, Apt. #, etc. Suite #500		Suite, Apt. #, etc. Suite #500	
City & State St. Petersburg		City & State St. Petersburg	
Zip 33704	Country USA	Zip 33704	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 3/29/2001	
6. FEI Number 59-3706514	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Alfred E. Corey Jr.	
Street Address (P.O. Box Number is Not Acceptable) 2600 M.L. King St. North	
Suite, Apt. #, Etc. Suite #500	
City St. Petersburg	State FL
Zip Code 33704	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent Alfred E. Corey Jr.
REGISTERED AGENT MUST SIGN

Date June 18, 2003

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres/CE	Alfred E. Corey, Jr.	2600 M. L. King St. North, Suite 500	St. Petersburg, FL 33704
VP	Michael McNerney	3810 Leland Road #6	Louisville, KY 40207
VP	Robert Reardon	36 Beebe Road	Quincy, MA 02169

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager Alfred E. Corey Jr. Date June 18, 2003 Daytime Phone # 727-896-8182
Typed or printed name of signing Managing Member/Manager Alfred E. Corey Jr.

CR2004 (10/02)