

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12742

1. Corporation Name

PRINTMAT CORPORATION

01 JAN -3 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Principal Place of Business

Mailing Address

7286 SW 48TH STREET
MIAMI FL 33155

2121 PONCE DE LEON BLVD
240
CORAL GABLES FL 33134

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

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

08/29/1989

5. FEI Number

65-0146257

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 3	City / State / Zip 4
DSV	ALVAREZ, MANUEL A.	7286 SW 48 ST.	MIAMI FL
DP	ALVAREZ, TERESA M.	7286 SW 48 ST.	MIAMI FL
D	ALVAREZ, MANUEL E.	7286 SW 48 ST.	MIAMI FL
DV	ALVAREZ, PATRICIA M.	7286 SW 48 ST.	MIAMI FL
D	ALVAREZ, THERESA M.	7286 SW 48 ST.	MIAMI FL
000003532640--4 -01/11/01--01040--020 ****758.75 ****758.75			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRATS, GABRIEL, CPA
2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES FL 33134

Name

Ana B. Fernandez

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

2121 Ponce de Leon Blvd

Suite, Apt. #, Etc.

Suite 240

City

Coral Gables

State

FL

Zip Code

33134

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/3/00

11. 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)(l), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Alvarez

Date

11/3/00

Daytime Phone #

305-663-9400

CR2E040 (800)