

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB 20 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L96205**

1. Corporation Name

Inky FINGERS, INC

2. Principal Office Address

2752 PARK ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

FLORIDA

Zip

32205

Country

DUVAL

Zip

32205

Country

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4. Date Incorporated or Qualified
To Do Business in Florida

1/99 (?)

5. FEI Number

59 304 302 9

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

~~XXXXXXXXXXXXXXXXXXXX~~ - (MELISSA RUSSELL) 000010703660
01/24/03--01097--001 **450.00

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

2752 PARK ST (OFF) 2029 Algonquin AVE (Home)

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

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

Melissa Russell

Date **1.23.02**

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 |
|--------|--------------------------------------|---------------------------------------------------|-------------------------------|
| Pres | RANDALL MADISON | 2029 Algonquin AVE | Jacksonville, FL 32210 |
| Sec | MELISSA Russell | . | . |
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| | | | |
| | | | |

000010703660
01/24/03--01097--001 **450.00

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 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:

Melissa Russell **MELISSA Russell**

Date **1.23.03**

Daytime Phone # **904 381 1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2/20



Inky Fingers Printing
2752 Park Street • Jacksonville, FL 32205 • 904.384.1900

1/23/03

Dear Sirs:

I hereby request that you waive the \$600 reinstatement fee as I received no paperwork with which to file. Running a small business is so tough. I get so much paperwork during the course of a year that not receiving something in the mail does not set off any alarms.

Melissa Russell
Secretary

WE DID NOT RECEIVE THE paperwork
for 2001 -

Sorry _____

Melissa