2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L96553

Entity Name: PRINT ONE, INC.

FILED Oct 09, 2009 Secretary of State

That I was a second of the sec						
Current Principal Place of Business:				New Principal Place of Business:		
202 E CASS ST TAMPA, FL 33602						
Current Mailing Address:				New Mailing Address:		
202 E CASS ST TAMPA, FL 33602						
FEI Number:	59-3027577	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
FELDMAN, DAVID 407 LINCOLN RD NE PH MIAMI BEACH, FL 33139 US				WILKERSON, WILLIAM 3000 NE 30TH PL 5TH FLR FT LAUDERDALE, FL 33306 US		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE: WILLIAM WILKERSON				10/09/2009		
Electronic Signature of Registered Agent				Date		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VST (WILKERSON, 202 E CASS S TAMPA, FL			Title: Name: Address: City-St-Zip:	VST (X WILKERSON, N 3000 NE 30TH FT LAUDERDA	PL, 5TH FLR
Title: Name: Address: City-St-Zip:	PD (WILKERSON, 202 E CASS S TAMPA, FL			Title: Name: Address: City-St-Zip:	PD (X WILKERSON, N 3000 NE 30TH FT LAUDERDA	PL, 5TH FLR
Title: Name: Address: City-St-Zip:	VP (WILLIAMS, SA 202 E. CASS TAMPA, FL 3	ST.		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	SEC () WILLIAMS, SA 202 E. CASS S TAMPA, FL 33	Т.
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	VP () WILKERSON, I 3000 NE 30TH FT LAUDERDA	PL,5TH FLR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM WILKERSON PD 10/09/2009