

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL -9 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M62784

1. Corporation Name

WHITE LITHO PRINTING, INC.

2. Principal Office Address

7218 N.W. 31 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

7218 N.W. 31 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33122

Country

USA

City & State

MIAMI, FL

Zip

33122

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/1987

5. FEI Number

65-0047821

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

MAXIMO CANOVACA JR.

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

7218 N.W. 31 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

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

Date 6/24/03

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 Officers and/or Director	City/State/Zip
P/D	MAXIMO CANOVACA JR.	7218 N.W. 31 STREET	MIAMI, FL
T/D	MARGARITA CANOVACA	7218 N.W. 31 STREET	MIAMI, FL
S/D	MARIA CANOVACA	7218 N.W. 31 STREET	MIAMI, FL

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

MAXIMO CANOVACA JR.

6/24/03

305-477-1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2

## **White Litho Printing, Inc.**

7218 N.W. 31 Street  
Miami, FL 33122

June 24, 2003

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

REF: #M62784

Gentlemen:

Attached you will find our Reinstatement Form along with our check in the amount of \$300.00 to cover the filing fees for 2002 & 2003.

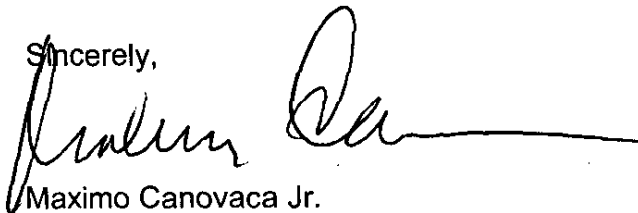
Please note that our address has changed to:

**7218 N.W. 31 Street  
Miami, FL 33122**

We respectfully request that the additional filing fees for late filing be abated since we had changed our mailing address and unfortunately, the original returns did not get to us.

Thank you in advance for your cooperation in this matter.

Sincerely,



Maximo Canovaca Jr.  
President