

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -8 AM 9:39

DOCUMENT # P00000041532

1. Corporation Name

Rude Bway Graphics & Printing, Inc.

2. Principal Office Address

1717 E. Busch Blvd

Suite, Apt. #, etc.

804

City & State

Tampa, FL

Zip

33612

Country

USA

3. Mailing Office Address

11512 Joshua's Bend Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33612

Country

USA

REINSTATEMENT

03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

April 21, 2000

5. FEI Number

593690130

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

Leonard J Gonsalves

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

11512 Joshua's Bend Dr.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

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

Leonard Gonsalves

Date

12/5/06

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
D	Leonard J Gonsalves	11512 Joshua's Bend Dr.	Tampa, FL 33612
D	Dawn P. Gonsalves	11512 Joshua's Bend Dr.	Tampa, FL 33612

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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 contained in Chapter 119, 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:

Leonard Gonsalves Leonard Gonsalves

12/5/06

990-8480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #