

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

02 APR 10 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000053635

1. Corporation Name

PHOENIX PRINTING, INC.

2. Principal Office Address

7512 DR. PHILLIPS BLVD.

3. Mailing Office Address

7512 DR. PHILLIPS BLVD.

Suite, Apt. #, etc.

SUITE 50-305

Suite, Apt. #, etc.

SUITE 50-305

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

ORANGE

Zip

32819

Country

ORANGE

4. Date Incorporated or Qualified  
To Do Business in Florida

05/25/00

5. FEI Number

23-7988266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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-04/23/02--01058--018

\*\*\*\*\*8.75 \*\*\*\*\*8.75

7. Name and Address of Current Registered Agent

Name

JAMES MATTHEWS

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

7512 DR. PHILLIPS BLVD.

Suite, Apt. #, Etc.

SUITE 50-305

City

ORLANDO

State

FL

Zip Code

32819

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\*\*\*\*\*300.00 \*\*\*\*\*300.00

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

REGISTERED AGENT MUST SIGN

Date

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.	JAMES MATTHEWS	12704 BUTLER BAY CT.	WINDERMERE, FL 34786

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: JAMES MATTHEWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/8/02

Daytime Phone #

407-363-4679

CR2E081 (9/01)



# Phoenix Printing, Inc.

Custom Corporate Design and Printing Solutions

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Reinstatement Request  
for Phoenix Printing, Inc.

Doc#P00000053635

To Whom It May Concern:

I have just been notified that my corporation, "Phoenix Printing, Inc." has been deactivated for failure to submit our Uniform Business Report for 2001.

Since I never received notification that such a report was due annually and I have been counting on my accountant to keep me up to date on such necessary filings, I was completely in the dark as to my lack of compliance.

I have recently fired that accounting firm and am now in the process of putting my company's affairs back in order.

Please accept my apologies for the missing UBR filing. I have retained the services of a new accounting firm and I will be sure to follow up on these reports in the future.

Thank you for your help in getting my corporation reinstated and your understanding of my situation.

Sincerely,

James Matthews  
President  
Phoenix Printing, Inc.