

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000088010

1. Corporation Name

RELIABLE CUSTOM IMPRINTS, INC.

Principal Place of Business

Mailing Address

620 POYNER CIRCLE
LONGWOOD FL 32750

620 POYNER CIRCLE
LONGWOOD FL 32750

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/2000

5. FEI Number

59-3670936

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MELISE, WILLIAM D	620 POYNER CIRCLE	LONGWOOD FL 32750
D	MELISE, JUDY B	620 POYNER CIRCLE	LONGWOOD FL 32750

100004685791--7
-11/16/01--01080--004
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MELISE, WILLIAM D
620 POYNER CIRCLE
LONGWOOD FL 32750

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

William D Melise

Date

10-15-01

REGISTERED AGENT MUST SIGN

11. 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:

William D Melise William D Melise 10-15-01

Date

Daytime Phone #

(407) 834-0571

2082

BETLEN ASSOCIATES, INC.

Certified Public Accountants
Tax, Accounting & Notary Services
27 South U.S. Highway 17-92
DeBary, FL 32713-3172
(407) 668-6353

October 15, 2001

Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir,

Recently, I wrote to you regarding one of my clients, Reliable Custom Imprints, Inc. A new Corporation within Florida. While completing their taxes, I notice that they were listed in the corporate files incorrectly. I inquired with the client and also discovered that they had not received a Corporate Filing Fee notice. They were not aware of the fee, since, this was their first year in business. They moved during the same time but I am sure it was due to the address shown on file for the company (see attached notice).

I did send a letter to you requesting a new notice be sent to the correct address and to ask for leniency in the late fee. I did not get a response but assumed the client did. Please consider this a second request. The client has attached their check for payment (\$150).

Should you have any questions, do not hesitate to contact me at the above numbers.

Sincerely,

Betty Gigantino

Betty Gigantino - Sr. Partner

Cc: Betlen Associates Files
RCI Files

