	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.											
	PORATI			5	DEPARTMEN Katherine Hal Secretary of S SION OF CORPOR	rris tate	02		LED 4 AMT: 32			
DOCUMENT # POOOOO//3723  1. Corporation Name  COMPETITIVE   MAGING SUPPLIES, INC.								CRETAI LAHAS	RY OF STATE SEE, FLORID <i>t</i>			
2. Principal Office Address  101 E. JERSEY AVE					P. O. BOX 4					01-0	12.	
Suite, Apt. #, etc.				Suite, Apt. #,	Suite, Apt. #, etc.							
city & State Brandon, Fl					VALRICO, FL			4. Date Incorporated or Qualified To Do Business in Florida 12-07-2000  5. FEI Number Applied For Not Applicable				
<sup>یہ</sup> 335	33510   Country   USA			335	3359.5 Country USA					Additional Fee rec Certificate of Sta	quired itus	
7. Name and Address of Current Registered Agent												
	Name   CLINTON   M. JOHNSTON   STOPPING   Street Address (P.O. Box Number is Not Acceptable)   -04/02/020103     / O/ E. JERSEY   AVE   *****308.75 *****318   Suite, Apt. #, Etc.   State   Zip Code   FL   3.3.5/0											
9 ( )		<del></del>			and an include	with and account the c	bligations of south	FL	33510	<u></u> , J	(10/6)	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obl  Signature of Registered Agent REDISTERED AGENT MUST SIGN								Date 3-11-02			CR2E081 (9	
9. Names	and Street Ac	idresses of E	ach Officer a	and/or Director (Fic	orida nonprofit corpo	orations must list at le	ast 3 directors)					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip					
PITD	CLINTON M. JOHNSTON			101 E. JERSEY AVE			Brandon, FL 33510					
VSD	PEG	GY A	1. Ja	HUSTON	101 E.	JERSEY	AVE	BR	ANDON, F.	_33510	2	
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المناطقة المناطقة	45-64						and dead for to the	-to- 607 -	C17 EC   6.00bc	if that when files		

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 filling 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)(1), 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.

8/3-684-5292

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02

Daytime Phone #

30f2

101 East Jersey Avenue Brandon, FL 33510

Competitive Imaging Supplies

For All Your Printing Supply Needs

Phone: (813) 684-5292 Fax: (813) 685-7965

compribbon@lj.net

Department of State Division of Corporations PO Box 6327 Tallahassee Fl 32314

March 11th, 2002

RE: P00000113723

Competitive Imaging Supplies, Inc.

To Whom It May Concern:

I am requesting a waiver of reinstatement fees based on the fact I have never received the uniform business report notice(s). On March 11th, 2002, I spoke with Michelle at the Division of Corporations, phone number 850-245-6059. She stated the notices were "returned to sender" although she verified the mailing address was correct.

Enclosed is the additional \$8.75, please mail a certificate of status to acknowledge this filing to:

Competitive Imaging Supplies, Inc. ATTN: Peggy Johnston.
P.O. Box 4
Valrico, Fl. 33595

Attached is a completed Corporate Reinstatement form with a check for \$308.75 to cover 2001 and 2002. If there are any questions, please feel free to contact me at 813-684-5292, 9am - 5pm Monday through Thursday.

Thank you for your attention in this matter.

Sincerely,

Peggy A Johnston

Vice-President