

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 FEB 10 AM 11:16

DOCUMENT # P01000003624

1. Corporation Name

Digital Printing Solutions, Inc

2. Principal Office Address - No P.O. Box #

6439 University Blvd

Suite, Apt. #, etc.

Suite 12

City & State

Winter Park, FL

Zip

32792

Country

Orange

3. Mailing Office Address

6439 University Blvd

Suite, Apt. #, etc.

Suite 12

City & State

Winter Park, FL

Zip

32792

Country

Orange

800168448648
02/10/10--01034--011 ***458.75
REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/01

5. FEI Number

59-3688718

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

Sutton, Michele

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

6439 University Blvd

Suite, Apt. #, Etc.

Suite 12

City

Winter Park

State

FL

Zip Code

32792

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Michele Sutton

Date

2-3-2010

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
DV	Sutton, Michele	6439 University Blvd Ste 12	Winter Park, FL 32792
DV	Sutton, Terry	6439 University Blvd Ste 12	Winter Park, FL 32792
S	Johnson, Kevin	6439 University Blvd Ste 12	Winter Park, FL 32792

10. E-mail Address:

KJohnson@DPSORLANDO.com

(To be used for future annual report notification)

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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2010

Date

407-671-8715

Daytime Phone #