

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000006698

1. Corporation Name

DLS PRINTING, INC.

Principal Place of Business

767 S W SOUTH MACEDO BLVD.
PORT ST.LUCIE FL 34983

Mailing Address

767 S W SOUTH MACEDO BLVD.
PORT ST.LUCIE FL 34983



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

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3694673

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES	DAVID CLARK	350 NW AURORA ST.	PORT ST. LUCIE, FL 34983
V.PRES	RUTH CLARK	350 NW AURORA ST.	PORT ST. LUCIE, FL 34983

8. Name and Address of Current Registered Agent

CLARK, DAVID
767 S W SOUTH MACEDO BLVD.
PORT ST.LUCIE FL 34983

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/02

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:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR12E040 (8/02)

October 21, 2002

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir:

In regard to your letter of revocation of October 4, 2002 please be advised of the following. A letter was sent to you on August 19th, 2002 indicating our FEI Number and our check number and a copy of said letter and attachments are enclosed.

We have filled out your new form with all the information required - please insure that this corporation is reinstated without penalty.

Sincerely,



David Clark, President
DLS Printing, Inc.
767 SW South Macedo Blvd
Port Sy. Lucie, Florida 34983

FDIA/10/1/2004/0000000000

August 19, 2002.

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir:

Please find enclosed a copy of your 2002 UBR, which was received on August 15, 2002, indicating that we had not filed as required, and a copy of my check No. 2519 of 2/5/02 which was deposited by your office on Feb 18, 2002.

In addition, a call was made to your office and we were told that you need the FEI Number for this corporation - be advised that the FEI Number is 58-3694673.

Hoping that the above information will clear up any misunderstanding.

Sincerely,

David Clark, President
DLS Printing, Inc.
767 SW South Macedo Blvd.
Port St. Lucie, Florida 34983

COPY
COPY