

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -9 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000006698**

1. Corporation Name

DLS PRINTING, INC.

Principal Place of Business

Mailing Address

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2001

5. FEI Number

59-3694673

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
P	CLARK, DAVID	350 NW AURORA ST	PORT ST LUCIE FL 34983
V	CLARK, RUTH.	350 NW AURORA ST	PORT ST LUCIE FL 34983

000025346750
12/09/03--01038--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

REGISTERED AGENT MUST SIGN

Date 10-21-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03

Date

(722) 343-0009

Daytime Phone #

CR2E040 (7/03)

17 October 2003

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

Dear Sir:

Please find enclosed a check in the amount of \$150.00 for renewal of my corporation. We did not receive the original renewal form.

Sorry for this inconvenience.

Sincerely,

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