

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED --

08 FEB 19 PM 12:16 --

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO100010553

1. Corporation Name

PRINTING CONNECTION, INC

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

301 E. Pine St

Suite, Apt. #, etc.

Suite 150

City & State

Orlando FL

Zip

32801

Country

Orange

3. Mailing Office Address

301 E. Pine St.

Suite, Apt. #, etc.

Suite 150

City & State

Orlando FL

Zip

32801

Country

Orange

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/26/2001

5. FEI Number

651155399

☒ 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

Richard Wells

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

301 E. Pine St.

Suite, Apt. #, Etc.

Suite 150

City

Orlando

State

FL

Zip Code

32801

☒ 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

Richard Wells

Date 2/15/08

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
Pres.	<u>Reun Chheuth</u>	<u>327 Kensington Drive</u>	<u>Livingston, CA. 95334</u>

300119546553
03/08/08--01013--001 **750.00

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 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 contained in Chapter 119, 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:

reun chheuth

2/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRINTING CONNECTION, INC

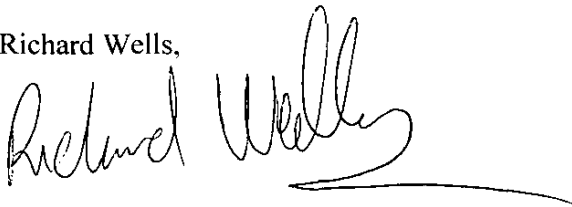
02/15/2008

To Whom It May Concern:

I have kept mailing address for the past 4 years and within that time, I have never received any communication by mail from the Florida Department of State regarding my annual report. I would like my reinstatement fee to be waived .

Best Regards,

Richard Wells,

A handwritten signature in cursive script, appearing to read "Richard Wells", followed by a long horizontal flourish line.