PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000010380

1. Corporation Name

CERTIFIED PRINTER REPAIRS PLUS, INC.

Principal Place of Business

Mailing Address

UNIT 201

7741 GEORGIAN BAY CIRCLE

7741 GEORGIAN BAY CIRCLE

UNIT 201 FORT MYERS FL 33912

FORT MYERS FL 33912

REINSTATEMENT ____

FILED

03 OCT 13 PM 12: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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If above addresses are incorrect in any way, line th 2. New Principal Office Address, If Applicable	3. New Mailing Office Ac		Date Incorporated or Qualified To Do Business in Florida 01/24/2002	
Suite, Apt. #, etc. 8476 COKA/ Orive City & State FORT Myers, Florida Zio Country CSA	City & State FOLT Myer S Zip	Al Prime I Florica Country	5. FEI Number 643625909 6. CERTIFICATE OF STATUS DESIRED	Applied For Not Applicable
Zip Country J 39/2 Country 7. Names and Street Addresses of Each Officer and	339/2	USA	<u> </u>	for a Certificate of Status
Title(s) 2 Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director		ity / State / Zip
PD CHAMBERLAIN, BARBARA L	7741 GE	ORGIAN BAY CIRCLE UN	FORT MYERS FL 3	3912
SI CHAMBERLAIN, BARBARA L	7741 GE	ORGIAN BAY CIRCLE UN	IT 20 FORT MYERS FL 3	3912
PO Chamberlain, Mars	ina L 8476		FORT MYCK,	FL 339/2
ST Chamberlain, Barbon	AL 8476	: COMA! Drive	FORT MYES,	F/ 339/2
		,	20002376 10/13/03011000	7522 15 **158.75
8. Name and Address of Current Registered Agent			9. Name and Address of New Regis	tered Agent
ANDERSON, JOHN D 2245 ALTAMONT AVENUE FORT MYERS FL 33901	Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable) 8476 CORN Prive Suite, Apt. #, Etc.		
10. I, being appointed the registered agent of the ab	ove named corporation, am f			<u></u>

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-8-03

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

10-8-03

939-277-7587

Daytime Phone #

CR2E040 (

Division of Corporations Annual Report/Reinstatement Section PO BOX 6327 Tallahassee, FL 32314-6327

To Whom It May Concern:

I am requesting that the reinstatement fee be waived, as I did not receive any UBR notices. My accountant was the registered agent and has not forwarded any notices nor has he returned my phone calls.

Kind regards,

Barbara Chamberlain, President

back 2 ei

Certified Printer Repairs Plus, Inc.

239-277-7587