

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 OCT 15 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000016186

1. Corporation Name

DELUXE COMMUNICATIONS, INC.

Principal Place of Business

9367 SIBBALD ROAD  
JACKSONVILLE FL 32209

Mailing Address

9367 SIBBALD ROAD  
JACKSONVILLE FL 32209

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/07/2002

5. FEI Number

75-3001314

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



REINSTATEMENT

03

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
OWNER	Kenneth M. Jones	9367 Sibbald Rd.	Jacksonville, FL 32208

300023819423

10/15/03--01056--021 \*\*150.00

8. Name and Address of Current Registered Agent

JONES, KENNETH M  
9367 SIBBALD ROAD  
JACKSONVILLE FL 32209

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

*Kenneth M Jones*  
REGISTERED AGENT MUST SIGN

Date

10-13-03

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:

*Kenneth M Jones* Kenneth M Jones 10-13-03 765-2102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)

**DELUXE COMMUNICATIONS, INC.**  
9367 Sibbald Road, Jacksonville, FL 32209 (Office 765-2102)

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October 9, 2003

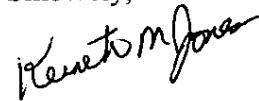
Florida Department of State  
Glenda E. Hood  
Secretary of State  
Division of Corporations

Reference: **Document # P02000016186 – Deluxe Communications, Inc.**

To Whom It May Concern:

Enclosed is my completed Application for Reinstatement and a check in the amount of \$150.00 to cover the cost for this service. I did not receive notification by mail that Application for Reinstatement was due. Thanks for your help in this matter.

Sincerely,



Kenneth M. Jones  
Registered Agent

Enclosures