

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -4 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000030932

1. Corporation Name

INKJET 4ME.COM CORP
13463 NE 17 AVE
NORTH MIAMI FL 33181

2. Principal Office Address

13463 NE 17 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

13463 NE 17 AVE

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

Zip

33181

Country

City & State

NORTH MIAMI, FL

Zip

33181

Country

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

5. FEI Number

04-3627424

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

LENARD H. GORMAN

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

1320 SOUTH DIXIE HWY

Suite, Apt. #, Etc.

PH 1275

City

CORAL GABLES

State

FL

Zip Code

33146

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

REGISTERED AGENT MUST SIGN

Date

5/28/04

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
VP/3	BYRAN LEVY	17100 N. BAY RD #1404	SUNNY ISLES BCH, FL 33160
P	SETH LEVY	10275 COLLINS AV #1415	BAL HARBOUR, FL 33154
VP	ALFRED LEVY	10275 COLLINS AVE #9095	BAL HARBOUR, FL 33154

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 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

Date

Daytime Phone #

305-891-7502

CR2E081 (01/04)