

102

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY -6 PM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 902000080628

1. Corporation Name

Precision Print + Mail, Inc.

2. Principal Office Address

2743 Old US Hwy 441

Suite, Apt. #, etc.

3. Mailing Office Address

2743 Old US Hwy 441

Suite, Apt. #, etc.

City & State

Mt. Dora FL

City & State

Mt. Dora FL

Zip

32757

Country

LAKE

Zip

32757

Country

LAKE

000035553980

05/06/04--01012--034 **300.00

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

7-16-02

5. FEI Number

20-0000337

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

RICK D. TEETS

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

33001 DAMON COURT

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34788

REINSTATEMENT

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

Rick Teets

Date 4-30-04

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
VP	LINDA WISE TEETS	33001 DAMON COURT	Leesburg FL 34788

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)(l), 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:

Rick Teets

Rick Teets

4-30-04

352-636-6131

352-383-3376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRECISION PRINT & MAIL, INC.
2743 US Highway 441 West
Mount Dora, Florida 32757

Florida Department of State
Secretary of State

To Whom It May Concern:

Please be advised that we did not receive our Annual Corporate Report for filing for 2003 and therefore we did not file. We are asking that the reinstatement fee be waived and please find enclosed a check in the amount of \$300, to cover the filing fees for 2003 and 2004.

Thank you for your consideration in this matter. Should you need to contact me, please do so at any of the following numbers:

352-383-3376 Office
352-735-400 Home
352-636-6131 Cell

Rick D. Teets, President

