

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 26 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000128894

1. Corporation Name

INK THIS INC.

700023553897
10/03/03--01081--014 **158.75

2. Principal Office Address

10773 N.W. 58 St.

Suite, Apt. #, etc.

382

City & State

Miami, FL

Zip

33178

Country

USA

3. Mailing Office Address

10773 N.W. 58 St.

Suite, Apt. #, etc.

382

City & State

Miami, FL

Zip

33178

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

Dec. 6, 2002

5. FEI Number

61-1436842

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

VICTOR K. RONES, P.A.

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

16105 N.E. 18th Ave.

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33162

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

9-25-03

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 |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| P | Jose Gutierrez | 3772 S.W. 27 Ln. | Miami, FL 33134 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

September 25, 2003 #305-

Daytime Phone #

CR2E081 (10/02)

761-9646
9/26

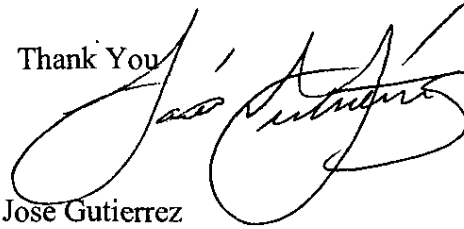
September 25, 2003

To Whom it may concern:

I am requesting that the penalty fee be waived seeing that I did not receive the first or second annual report notice for 2003.

Thank You

Jose Gutierrez

A handwritten signature in black ink, appearing to read "Jose Gutierrez", written over the printed name.