T. Roberts JIN 93 1 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 31 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/09/05--01035--002 **308.50

DOCUMENT # P030000 19306

1. Corporation Name

INFOPRINT, INC

2. Principal Office Address	**3.** Mailing Office Address
10529 CHARLIES TERRACE	10529 CHARLIES TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. MYERS	City & State: FL
Zip: 33907 Country: USA	Zip: 33907 Country: USA

04-5

4. Date Incorporated or Qualified To Do Business in Florida 01/2003

5. FEI Number 32-0058440 ☐ 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: JOHN A. HELM

Street Address (P.O. Box Number is Not Acceptable): 9416 SPRINGVIEW LOOP

Suite, Apt. #, Etc.:

City: ESTERO State: FL Zip Code: 33928

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: John A. Helm Date: 5/26/05

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PRES	JOHN A. HELM	9416 SPRINGVIEW LOOP	ESTERO, FL 33928
VP	RICHARD W. TREDER, JR	5744 CEDAR BEND DR. #4	FT. MYERS, FL 33919

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: John A. Helm 5/26/05 (239)931-9880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P05219-2

InfoPrint, Inc

10529 Charlies Terrace
Fort Myers, FL 33907
Phone: (239) 931-9880 Fax: (239) 466-5999

May 26, 2005

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallassee, FL 32314-6198

Subject: Document #P03000019306

Dear Sirs:

On March 3, 2005 I wrote a letter requesting that the penalty for late filing be forgiven. I had moved from my old address (20726 Country Barn Dr., Estero, FL 33928) and the post office forwarding time had expired. Therefore, I did not receive the notice. On March 16, 2005 I received the request back with the necessary form to fill out and return. I returned the form along with the check, however, I neglected to list the officers titles. The request was again returned but was returned to the old address and was not received. I called your office and was told that I could renew on line. I was told that the renewal would be $300.00. However, the on line charge was $900.00.

I hope this explains my situation and that it meets with a favorable response.

Sincerely,

John A. Helm
President