

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

DOCUMENT # *P030000 19306*

1. Corporation Name

INFOPRINT, INC

100055970661
06/09/05--01035--002 **308.50

2. Principal Office Address

10529 CHARLIE TERRY RD
Suite, Apt. #, etc.

3. Mailing Office Address

10529 CHARLIE TERRY RD
Suite, Apt. #, etc.

City & State

FT. MYERS

City & State

FL

Zip

33907

Country

USA

Zip

33907

Country

USA

**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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/26/05

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
<i>PRES</i>	<i>JOHN A. HELM</i>	<i>9416 SPRINGVIEW LOOP</i>	<i>ESTERO, FL 33928</i>
<i>VP</i>	<i>RICHARD W. TREDER, JR</i>	<i>5744 CEDARBEND DR. #4</i>	<i>FT. MYERS, FL 33919</i>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/05

Date

Daytime Phone #

(259) 931-9880

CR2E081 (9/01)

PS 2 of 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
Tallahassee, FL 32314-6198

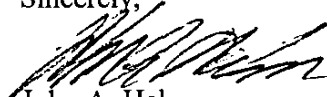
Subject: Document #P03000019306

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