

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000133350

1. Entity Name  
PAPER FOR PRINTERS, CORP.



FILED

05 FEB -2 PM 5:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
290 NW 44 AVE  
MIAMI, FL 33126

Mailing Address  
290 NW 44 AVE  
MIAMI, FL 33126

2. Principal Place of Business  
5220 N.W. 72 AVE.

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
BAY 21

Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State

Zip  
33166

Country

Zip

Country



REINSTATEMENT 04-05 WOP

4. FEI Number

01-1459834

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, ALCIDES  
290 NW 44 AVE  
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name GOMEZ, ALCIDES.

Street Address (P.O. Box Number is Not Acceptable)  
5220 N.W. 72 AVE. BAY 21

City MIAMI

FL

Zip Code 33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Alcides Gomez*

2/1/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME GOMEZ, ALCIDES  
STREET ADDRESS 290 NW 44 AVE  
CITY-ST-ZIP MIAMI, FL 33126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ALCIDES GOMEZ  
STREET ADDRESS 5220 N.W. 72 AVE.  
CITY-ST-ZIP MIAMI, FL 33166 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Alcides Gomez*

2/1/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #