

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 23 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000164770

1. Corporation Name

The Diplomatic Press Inc

2. Principal Office Address - No P.O. Box #

1311 SW Cedar

Suite, Apt. #, etc.

3. Mailing Office Address

P O Box 811385

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton, FL

Zip

Country

33486

USA

Zip

Country

33481

USA

REINSTATEMENT 07-08

CH2E001 (12/03)

4. Date Incorporated or Qualified
To Do Business in Florida

Dec 6, 2008

5. FEI Number

20-2021104

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 Quirk

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

1311 SW Cedar Terrace

Suite, Apt. #, Etc.

Boca Raton, FL 33486

City

State

Zip Code

FL

33486

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

Address is same
new notice

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 P. Quirk
REGISTERED AGENT MUST SIGN

Date

June 10, 2008

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 Quirk	1311 SW Cedar	Boca Raton, FL
Sec	Arelis Spencer	"	33486
			200132073012
			07/02/08-01013-011 **300.00

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 contained in Chapter 119, 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

Daytime Phone #

John P. Quirk

June 10, 2008

561-
305-
7822