

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR -3 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05 00000 2256**

1. Corporation Name

Print Team Ink, Inc.

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

6024 Glendale Dr.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip
33433

Country

USA

3. Mailing Office Address

2805 E Oakland Park Blvd.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33306

Country

USA

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

1-3-05

5. FEI Number

16-1716342

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

GARY YODER

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

6024 Glendale Dr.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

☒ 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.

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 **2/26/09**

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.	GARY YODER	6024 Glendale Dr.	BOCA RATON, FL 33433

000144837540
03/03/09--01012--011 **450.00

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 #

2/26/09 954-536-7494

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