
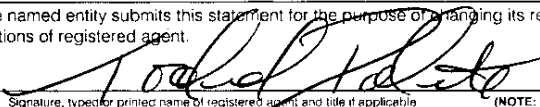
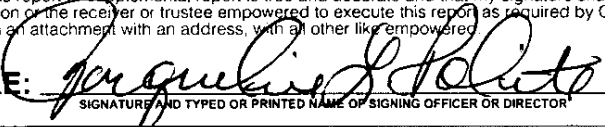


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000092919 1. Entity Name TM-POLITE'S PRINTING & ART DESIGN, INC.						<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">06 OCT 16 AM 7:23</div>	
Principal Place of Business 1622 LEONID ROAD JACKSONVILLE, FL 32218				Mailing Address 1622 LEONID ROAD JACKSONVILLE, FL 32218			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
POLITE, TODD 2165 BUNTING DR JACKSONVILLE, FL 32210				Name Street Address (P.O. Box Number is Not Acceptable) City			
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 10/6/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLITE, TODD M			NAME	<div style="font-size: 24px; font-weight: bold;">500080877235</div>		
STREET ADDRESS	1622 LEONID ROAD			STREET ADDRESS	<div style="font-size: 18px;">10/16/06--01045--009 **150.00</div>		
CITY-ST-ZIP	JACKSONVILLE, FL 32218			CITY-ST-ZIP			
TITLE	V			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLITE, JACQUELINE			NAME			
STREET ADDRESS	1622 LEONID ROAD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32218			CITY-ST-ZIP			
TITLE	S			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLITE, TODD M			NAME			
STREET ADDRESS	1622 LEONID ROAD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32218			CITY-ST-ZIP			
TITLE	T			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLITE, JACQUELINE M			NAME			
STREET ADDRESS	1622 LEONID ROAD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32218			CITY-ST-ZIP			
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 10/6/06			
				Daytime Phone # 904 757-8783			

OCT 16 2006