

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUL -9 AM 10:52

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P05000126909**

1. Corporation Name

Fine Print Production, Inc.

900158315159  
07/09/09--01054--006 \*\*\$600.00

CR2E081 (12/08)

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

9080 Lime Bay Blvd

3. Mailing Office Address

9080 Lime Bay Blvd

Suite, Apt. #, etc.

Apt# 106

Suite, Apt. #, etc.

Apt# 106

City & State

Tamarac, FL

City & State

Tamarac, FL

Zip

33321

Country

United States

Zip

33321

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

9/15/2005

5. FBI Number  
20-4438623

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

Peter E. Stephenson

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

9080 Lime Bay Blvd.

Suite, Apt. #, Etc.

Apt# 106

City

Tamarac,

State

FL

Zip Code

33321

☒ 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

Date 6/30/09

REGISTERED AGENT MUST SIGN

**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
PV	Peter E. Stephenson	9080 Lime Bay Blvd., Apt#106	Tamarac, FL 33321
D	Sarah L. Stepehnson	9080 Lime Bay Blvd., Apt#106	Tamarac, FL 33321

REINSTATEMENT

06-05 7/16/09

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

6/30/09

Date

954-557-4593

Daytime Phone #