

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000145672 1. Entity Name PACK-SHIP-PRINT COMPANY II INC				FILED 07 DEC 12 AM 9:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2317 SOUTH SHELLEY AVENUE HERNANDO, FL 34442 2780 N. FLORIDA AVE. STE #11 HERNANDO, FL. 34442		Mailing Address 2317 SOUTH SHELLEY AVENUE HERNANDO, FL 34442 2780 N. FLORIDA AVE. STE #11 HERNANDO, FL. 34442		 REINSTATEMENT	
2. Principal Place of Business - No P.O. Box # 2780 N. FLORIDA AVE. STE #11		3. Mailing Address 2780 N. FLORIDA AVE. STE #11			
Suite, Apt. #, etc. Suite #11		Suite, Apt. #, etc. Suite #11			
City & State HERNANDO FL.		City & State HERNANDO, FL.		4. FEI Number 20-5290146	
Zip 34442		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACKO, VICKI 321 WEST QUINCE STREET HERNANDO, FL 34442		7. Name and Address of New Registered Agent Name MACKO, VICKI Street Address (P.O. Box Number is Not Acceptable) 321 WEST QUINCE STREET City HERNANDO FL Zip Code 34442			
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: <i>[Signature]</i> DATE: 12-3-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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 <input type="checkbox"/> Delete NAME MACKO, VICKI STREET ADDRESS 321 WEST QUINCE STREET CITY-ST-ZIP HERNANDO, FL 34442			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 000112850040 STREET ADDRESS 12/05/07--01024--005 **150.00 CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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 another title empowered.					
SIGNATURE: <i>[Signature]</i> DATE: 12-10-07 DAYTIME PHONE: 352-637-1799 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

12/17