

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000087166

1. Entity Name  
ALL PAPER & INK, INC.



FILED

08 OCT 20 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1017 NE 1 COURT  
HALLANDALE BEACH, FL 33009

Mailing Address  
1017 NE 1 COURT  
HALLANDALE BEACH, FL 33009

2. Principal Place of Business - No P.O. Box #  
960 CORAL RIDGE DR

Suite, Apt. #, etc.

APT 304

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

3. Mailing Address

960 CORAL RIDGE DR

Suite, Apt. #, etc.

APT 304

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA



10162008

REIN-P

CR2E098 (1/07)

4. FEI Number

26-0648280

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, TREVOR  
1017 NE 1 COURT  
HALLANDALE BEACH, FL 33009

7. Name and Address of New Registered Agent

Name

PHILIP MORRIS

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

960 CORAL RIDGE DR APT 304

City

CORAL SPRINGS

FL

Zip Code

33071

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, 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

TITLE P  
NAME MORRIS, TREVOR  
STREET ADDRESS 1017 NE 1 COURT  
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MORRIS, PHILIP  
STREET ADDRESS 960 CORAL RIDGE DR - APT 304  
CITY-ST-ZIP CORAL SPRINGS, FL 33071

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

Philip Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-08

Date

Daytime Phone #