

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

OFFICE OF THE SECRETARY OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1072

99 JAN -6 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000004808

1. Corporation Name

L AND T LITHOSCAN PRINTING, INC.

Principal Place of Business

6119 ANNO AVE
ORLANDO FL 32809

Mailing Address

6119 ANNO AVE
ORLANDO FL 32809

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1992

5. FEI Number

59-3237809

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|--------------------------------------|---|--|
| D | AGNIHOTRI, ANIL K | 6119 ANNO AVE | ORLANDO FL 32809 |
| P | SUNIL SIDAR | 6119 Anno Ave | Orlando, FL 32809 |
| | | | 300002752133-2 -01/22/99-01106-090 ****150.00 ****150.00 |
| | | | 300002752133-2 -01/22/99-01106-091 ****150.00 ****150.00 |
| | | | |

8. Name and Address of Current Registered Agent

NOTOPOULOS, ANASTASIOS
155 S MIAMI AVE PH 1
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name
Amar Ramdass
Street Address (P.O. Box Number is Not Acceptable)
2727 Silver STAR Road
Suite, Apt. #, Etc.
City
Orlando
State
FL
Zip Code
32808

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date Dec. 02/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407
1-4-99 856 1122

CR2E040 (9/98)

2d2

L and T Lithoscan Printing, Inc.
6119 Anno Avenue
Orlando, Fl. 32809

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

December 02/98

This is in response to the Notice of Administrative Dissolution or Revocation received by
L and T Lithoscan Printing, Inc.

I had sent a payment to the Department on April 23, 1998 shortly before I went on a business
trip overseas. I did not returned to Orlando until late August. I was unaware that the Check
was not cashed as I did not had the time to do my Bank reconciliation.

It was not until I received this notice that I was aware that you had not received payment.

I spoke with a Ms Leslie in your department regarding this matter and she promoted me to
write the department explaining what transpired and to send the original fees of \$150.00

Hence enclosed is the check for \$150.00 plus the reinstatement form.

Thank you so much for your consideration in this matter.

Your Truly



Anil K. Agnihotri

Client out of country