

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



77 AR
FLORIDA DEPARTMENT OF STATE
Isabella C. Hatham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV -7 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000009871

1. Corporation Name

TRU-DIMENSIONS PRINTING, INC.

Principal Place of Business

1624 N. C.R. 427
LONGWOOD FL 32750
US

Mailing Address

1624 N. C.R. 427
LONGWOOD FL 32750
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1992

5. FEI Number

59-3154832

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	JETT, MARY E	1624 N.C.R. 427	LONGWOOD FL 32750
VD	JETT, CHARLES L SR	1624 N.C.R. 427	LONGWOOD FL 32750
TD	JETT, CHARLES L JR	1624 N.C.R. 427	LONGWOOD FL 32750

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-11/12/97--01088--014
****165.00 ****165.00

8. Name and Address of Current Registered Agent

JETT, MARY
1624 N. C.R. 427
LONGWOOD FL 32750

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Mary E. Jett

REGISTERED AGENT MUST SIGN

Date

11-5-97

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:

Mary E. Jett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-97
Date

401-339-6062
Daytime Phone #

CR2E040 (8/97)



11-5-97

Reference Notice of Administrative Dissolution
or revocation:

As per my telephone conversation on Friday, October 31, 1997
I am enclosing a copy of my check stubs and
the original that was mailed on January 3, 1997.

I have checked four months, February, March, & April -
and I still do not have the cancelled check.
Perhaps it was lost in the mail.

I never received a 2nd notice. However, I
am sending another check # 15915. Amount \$165.00

Please clear this up ASAP!

Thank you
Libby (Mary E. Jett)