

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 093000028942 (9)

1. Corporation Name  
GBC's Printing Services, Inc.

2. Principal Office Address  
15482 N.W. 27th Ave

Suite, Apt. #, etc.  
None

City & State  
OPA-LOCKA, FL.

Zip Country  
33054 Dade

3. Mailing Office Address  
P.O. Box 695446

Suite, Apt. #, etc.  
None

City & State  
Miami FL.

Zip Country  
33269 Dade

**REINSTATEMENT 2000**

4. Date Incorporated or Qualified To Do Business in Florida  
4/20/93

5. FEI Number  
65-0405679

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Natasha Belton

Street Address (P.O. Box Number is Not Acceptable)  
19320 N.W. 39th Ave

Suite, Apt. #, Etc.

City  
OPA-LOCKA

900003506629-0

State FL 12/20/00-01017-023  
\*\*\*750.00

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  
Natasha Belton

Date  
11/13/00

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
P	Gloria Ghent	2170 N.W. 183rd St.	CANAL City, FL 33056
VP	Jimmy Ghent	2170 N.W. 183rd St	CANAL City, FL 33056
DBA	Natasha Belton	19320 N.W. 39th Ave	OPA-LOCKA, FL 33054
D	Coretta Belton	19320 N.W. 39th Ave	OPA-LOCKA, FL 33054
D	CARITA Ghent	2170 N.W. 183rd St.	CANAL City, FL 33056
D	Gregory Belton	19320 N.W. 39th Ave	OPA-LOCKA, FL 33054

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 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: Gloria B. Ghent / Gloria Ghent  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/13/00 (305) 622-8808  
Daytime Phone #

CR2E081 (9/99)