

APPROVED
AND
FILED

96 DEC -6 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P93 000051204

1 Corporation Name ABSOLUTE PRINTING, INC
2 233 W. McKey St
3 Ocoee, FL 34761

Mailing Address

33 W. MCKEN ST
Oropeo FL 34761

P.O. 673
Okeech, FL 34761

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Burns Hall	33 W. McKinley St Ocala	FL 34761
VP	John Hall	33 W. McKinley St	Ocala FL 34761

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-12/06/96--01084--018
***575.00 ***575.00

REINSTATEMENT 1996
G. Alaw

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Bunni Hall
33 W. Mc Kel St.
Oleee, IL 34761

Name Burnie Hall
Street Address (P.O. Box Number is Not Acceptable) 33 W. McKey St
Suite, Apt. #, Etc. ~~1000~~ Orange
City Orange

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

Registered agent of the above named corporation
Burns Hall
 REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date 12-2-12

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Burr Hall Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

12-2-96 4076 Jy
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