

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN -6 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000053585**

**1. Corporation Name**

**FLORIDA PRINT & BODY INC**

**2. Principal Office Address**

**240 SW 12TH AVE**

Suite, Apt. #, etc.

**SUITE 9**

City & State

**POMPA NO BEACH FL**

Zip

Country

**33069**

**BROWARD**

**3. Mailing Office Address**

**240 SW 12TH AVE**

Suite, Apt. #, etc.

**SUITE 9**

City & State

**POMPA NO BEACH FL**

Zip

Country

**33069**

**BROWARD**

REINSTATEMENT 96-03

**500020563935**

06/06/03--01038--012 \*\*1800.00

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

**JULY 13 1994**

**5. FEI Number**

**650504116**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☐ \$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**ERNEST**

Name

**ERNEST ALAN KEENE**

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

**1911 NE 1ST AVE**

Suite, Apt. #, Etc.

City

**POMPA NO BEACH**

State

**FL**

Zip Code

**33060**

**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 **Ernest Alan Keene**

REGISTERED AGENT MUST SIGN

Date **6/3/03**

**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	ERNEST ALAN KEENE	1911 NE 1ST AVE	POMPA NO BEACH FL 33060

**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: **Ernest Alan Keene**  
**ERNEST ALAN KEENE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/3/03**

Date

**9549427090**

Daytime Phone #

CR2E081 (10/02)