

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS

W04000045051

FILED

04 DEC 22 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000069376

1. Corporation Name

NARWHAL PRESS, INC.

2. Principal Office Address

1629 MEETING ST.

Suite, Apt. #, etc.

City & State

CHARLESTON SC

Zip

29405

Country

US

3. Mailing Office Address

3006 AVIATION AVE

Suite, Apt. #, etc.

ST 3-A

City & State

MIAMI FL

Zip

33133

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

9/21/1994

5. FEI Number

650541454

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STANLEY FULTON

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

3006 AVIATION AVE.

Suite, Apt. #, Etc.

ST 3A

City

MIAMI

State

FL

Zip Code

33133

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

X Stanley M. Fulton

REGISTERED AGENT MUST SIGN

Date

X 12-7-4

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
D	STANLEY FULTON	3006 AVIATION AVE	MIAMI FL 33133
D	LEE SPENCE	1629 MEETING ST	CHARLESTON SC 29405

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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:

STANLEY M. FULTON  
X Stanley M. Fulton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 12-7-4

Daytime Phone #

301-983-5498