

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION
FOR
REINSTATEMENT



96-97 AIR

FILED

97 MAR 10 AM 11:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 94000073167

1. Corporation Name

Blue Springs Reprographics, Inc.

Principal Place of Business

Mailing Address

1315 W. Church St. SAME
ORLANDO, FL 32805

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/3/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3269524

Not Applicable

Zip

Country

Zip

Country

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 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	LAVERN R. Kelly	1411 Summit Hill Dr	DeLand, FL 32725

000002110190--2
-03/11/97--01109--005
***365.00 ***365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAVERN R. Kelly
1315 W. Church St.
ORLANDO, FL 32805

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

R. Kelly

REGISTERED AGENT MUST SIGN

Date 3/5/97

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 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:

R. Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97 407-246-1727
Date Daytime Phone

notice not
Rec'd-

CR2E040 (12/96)

2/2



3/3/97

To: Andy Donlap
Document Specialist

From: Greta Hawkness
GENERAL MANAGER

Although you have our old address
on file, the mail forwarding
order should still have been
in effect. In all honesty I
think that our people simply
dropped the ball!