

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 13 PM 4:00

DOCUMENT #

P95000004719

1. Corporation Name

RPL PRINTING, CO.

Principal Place of Business

Mailing Address

83 SW 8 ST , STE 2706
MIAMI, FL 33130

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

2. New Principal Office Address, If Applicable

81 SW 8 STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME AS 2

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

1/19/95

5. FEI Number

65-0556831

Applied For

Not Applicable

City & State

MIAMI, FL

City & State

Zip

33130

Country

USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DPT	ROLANDO COUTTE	81 SW 8 STREET	MIAMI, FL 33130
VP	BRENDA COUTTE	81 SW 8 STREET	MIAMI, FL 33130
			600003019076--7 -10/20/99--01007--016 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

MARK FRIED
1001 S BAYSHORE DR # 2706
MIAMI, FL 33131

9. Name and Address of New Registered Agent

Name
ROLANDO COUTTE
Street Address (P.O. Box Number is Not Acceptable)
81 SW 8 STREET
Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33130

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 MUST SIGN

Date 10/07/99

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/99
Date

305.577.8884
Daytime Phone #

CR2040 (12/96)