


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> FILED 97 JAN 17 AM 8:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> <div style="margin-top: 20px;"> REINSTATEMENT 96 MW8/21-97 </div>	
DOCUMENT # <u>P95000059025</u>					
1. Corporation Name PAPER CLIPS, INC.					
Principal Place of Business 3626 E. INDUSTRIAL WAY, #8 RIVIERA BEACH, FL 33404		Mailing Address P.O. BOX 18469, W.P.B., FL 33416			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida JULY 28, 1995 5. FEI Number 65-0713373 (12/10/96)	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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		
CEO	GWENDOLYN IVORY	4773 RICHMOND MEWS	HAVERHILL, FL 33416		
PRES	CORNELIUS L. IVORY, JR.	4773 RICHMOND MEWS	HAVERHILL, FL 33415		
				100002067341--0 -01/24/97--01079--012 *****375.00 *****375.00	
8. Name and Address of Current Registered Agent GWENDOLYN IVORY 4773 RICHMOND MEWS, HAVERHILL, FLORIDA 33415			9. Name and Address of New Registered Agent Name GWENDOLYN IVORY Street Address (P.O. Box Number is Not Acceptable) 4773 RICHMOND MEWS Suite, Apt. #, Etc. HAVERHILL City HAVERHILL State FL Zip Code 33415		
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 <u><i>Gwendolyn R. Collins Ivory</i></u> Date <u>December 9, 1996</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (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: <u><i>Gwendolyn R. Collins Ivory</i></u> GWENDOLYN R. COLLINS IVORY 12/9/96 (561) 844-5501 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR20040 (12/96)