

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000085610**

1. Corporation Name

Computprint, Inc

2. Principal Office Address

11221 69th St. N.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

LARGO, FL

City & State

Same

Zip

33773

Country

USA

Zip

Same

Country

Same

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*****1800.00 ****900.00**

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

65-0637911

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

617. Additional Fee for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jason T. Gabay

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

11221 69th Street N

Suite, Apt. #, Etc.

Largo

City

Largo, FL

State

FL

Zip Code

33773

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

[Signature]

Date

7-2-01

REGISTERED AGENT MUST SIGN

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
Pres	Jason T. Gabay	11221 69th Street N.	Largo, FL 33773

REINSTATEMENT 00-01

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)(j), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-01

Date

Daytime Phone #