

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

98 DEC -4 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000024006

1. Corporation Name

INDEPENDENT PRINTING, INC.

Principal Place of Business

Mailing Address

5613 Gulf Drive
NEW PORT RICHEY, FL 34652

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3375389

Applied F.

Not Applic

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee
for a Certificate of

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Deborah P. Storck	7827 LEIGHTON CIRCLE NEW PORT RICHEY, FL 34654	

7000002706577-3
-12/03/98-01005-007
300.00 *300.00

11/10/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John A. Karl
2835 US 19
Holiday, FL 34691

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

John A. Karl

REGISTERED AGENT MUST SIGN

Date

11/10/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.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 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)(f), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

DEBORAH P. STORCK

(727)

SIGNATURE:

Deborah P. Storck

11/9/98 848-8991