

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000029653**

1. Corporation Name

Put it in Writing, Inc.

02 AUG 15 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000007674180--0
-09/12/02--01005--015
****300.00 ****300.00

2. Principal Office Address

8190 SW. 175 street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33157

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

—

Zip

—

Country

—

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0908292

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

April d'Adesky

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

8190 S.W. 175 street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33157

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

April d'Adesky

REGISTERED AGENT MUST SIGN

Date **08/12/02.**

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.	April d'Adesky	8190 SW 175 street	miami, FL 33157
VP	Clive d'Adesky	8190 SW 175 street	Miami, FL 33157

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)(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:

April d'Adesky

April d'Adesky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/12/02 305-254-6958

Date

Daytime Phone #

CR2E081 (9/01)

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Put it in Writing, Inc.

August 12, 2002

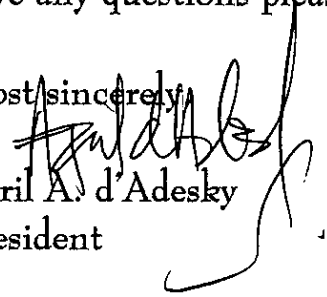
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

To whom it may concern:

The name of my company is Put it in Writing, my FEI number is 65-0908292. I moved last year and did not receive my Uniform Business Report Filing Form. Therefore, my corporation was dissolved. Enclosed please find Corporation Reinstatement Application and check #1922 in the amount of \$300.00. I am requesting that my corporation be reinstated effective immediately.

Thank you for the attention you will give to the above. If you should have any questions please contact me at 305-254-6958.

Most sincerely,


April A. d'Adesky
President