- PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
APPLICATION FLORIDA DEPARTMENT C					1 34 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
FUR			Sandra B. Mortham Secretary of State		AND FILED		
REINSTATEMENT DIVISION OF CORPORATIONS					DV 0.10		
DOCUMENT # P96000031457					99 JAN 15 PM 2: 18		
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
ROLLABIND, INC.					TALLAHASSEE, FLURIDA		
Principal Place of Business Mailing Address							
2200 HW. 32ND STREET 3/37 NW. 25 AUG200 NW. 32ND STREET 3/37 NW 25A					و ا		
SUFFE-800- POMPANO BEACH FL 33069 POMPANO BEACH FL 33069							_
,					REINS	STATEME	NT UB-OO
If above addresses are incorrect in any way, line through incorrect information and enter correction be 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					Date Incorporated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #,			etc.		To Do Business in Florida 04/10/1996		
City & State City & Sta			•		5. FEI Number Applied For Not Applicable		
Žip	Country	Zip	Country	, 	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required
7. Names a	and Street Addresses of Each Officer and/o	or Director (Flo	rida nonorofit comora	tions must list at lea	<u> </u>		for a Certificate of Status
Title(s)	Name of Officers and/or Directors		Stre	et Address of Fach		City	/ State / Zip
1	<u> </u>		Officer and/or Director 3 (Do NOT Use Post Office Box No		ımbers)		
D				N.W. 32ND ST. SUITE 600 37 NW. 25 AUR.		POMPANO BEACH FL 33069	
D				137 N.W. 32ND ST. SUITE 600-		POMPANO BEACH FL 33069	
D	FINKELSTEIN, EDWARD		2000 N.W. 32ND ST. SUITE 600- 3137 NW 25 AUC			POMPANO BEACH FL 33069	
	•			9		000027508994 -01/22/3901003003	
		*****900.00 *****900				0 ****900.00	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent							
Name							(96.96)
SCHNEIDER, HARVEY R 1900 CORPORATE BLVD. N.W.					ess (P.O. Box Number is Not Acceptable)		
SUITE 600 30T-West Bldg. Suite, Apr.					#, Etc.		
POMPANO-BEACH FL 33069 Boca Raton, FL 33431					State Zip Code		
10. I, being	appointed the reasonable above	re named corpo	oration, am familiar wi	th and accept the ob	ligations of Secti		
Rignature of Registered Agent Date							
41. This corporation awas or has paid the current year							
Intangible Personal Property tax due June 30. Yes No							
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 filling 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: WWW FURE REQUIRED 11/25/88 954-972-1598 X11							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							