

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG -2 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094134

1. Corporation Name

Associated Printing & Graphics, Inc.

2. Principal Office Address - No P.O. Box #

1116 W. Granada Blvd.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32174

Country

Volusia

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

CR2E081 (1/07)

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

11/18/96

5. FEI Number

59-3414176

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jonathan D. Burch

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

1116 W. Granada Blvd.

Suite, Apt. #, Etc.

City

Ormond Beach, FL

State

FL

Zip Code

32174

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Jonathan D. Burch
REGISTERED AGENT MUST SIGN

Date 7/31/07

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
<u>Pres.</u>	<u>Jonathan D. Burch</u>	<u>429 Laure Ave.</u>	<u>Port Orange, FL 32127</u>
			<u>400107207914</u> <u>08/03/07--01055--012 **900.00</u>

REINSTATEMENT 08-07

RH

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 contained in Chapter 119, 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:

Jonathan D. Burch
Jonathan D. Burch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/07
Date

386-673-7490
Daytime Phone #