

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

RECEIVED
AND
FILED

01 JAN 24 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 197000003050

1. Corporation Name

COMMUNITY PRINTING, INC

2. Principal Office Address

2070 6TH AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

Zip

32960

Country

IR

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JAN, 1997

5. FEI Number

65-0720522

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

700003631247-1
-02/02/01-01108-022
****900.00 ****900.00

7. Name and Address of Current Registered Agent

Name

MARK K. SCHUMANN

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

2070 6TH AVE.

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32960

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

Mark K. Schumann

REGISTERED AGENT MUST SIGN

Date

1/12/01

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
D	MARK K. SCHUMANN	941 OYSTER SHELL LN.	VERO BEACH, FL 32960
D	SANDRA L. SCHUMANN	941 OYSTER SHELL LN.	VERO BEACH, FL 32960

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:

Mark K. Schumann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

Date

561-569-1226

Daytime Phone #

CR2E081 (9/00)