

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

2000
Katharine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 AUG -7 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000006808

1. Corporation Name

DEUTSCHE PROFESSIONAL PRINTING EQUIPMENT, INC.

2. Principal Office Address

12935 S.W. 132 AVENUE

Suite, Apt. #, etc.

UNIT 3A

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT **2000**

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

1/08/97

SP

5. FEI Number

65-0717409

☒ 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

FABIO W. LOPEZ

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

13857 S.W. 158 TERR.

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33177

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

FABIO W. LOPEZ

Date 8/03/00

REGISTERED AGENT MUST SIGN

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
P/S/T	FABIO W. LOPEZ	13857 S.W. 158 TERR.	MIAMI, FL 33177

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:

FABIO W. LOPEZ FABIO W. LOPEZ

8/03/00

Date

Daytime Phone #

CR2E081 (9/99)