

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -4 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000061733

1. Corporation Name

EASY ROLLING PRINT SERVICE INC

2. Principal Office Address

5691 WOODVALEY RD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAH. FL.

City & State

Zip

32311

Country

USA.

Zip

Country

100041813421
10/12/04--01028--001 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3462068

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

Scott Gedeon

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

5691 WOODVALEY RD.

Suite, Apt. #, Etc.

City

TALLAH. FL.

State

FL

Zip Code

32311

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

[Signature]

Date 10-04-04

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
<u>President</u>	<u>SCOTT GEDEON</u>	<u>5691 WOODVALEY RD</u>	<u>TALLAH. FL. 32311</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-04-04

Daytime Phone #

CR2E081 (01/04)

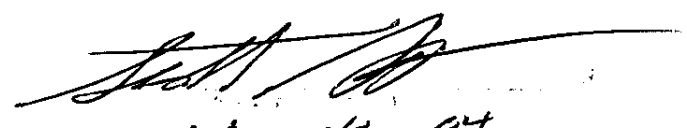
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I Scott Nelson did not
receive my Family Business
information from 2004


10-04-04