

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

03 NOV 13 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000097545

**1. Corporation Name**

PRINTEK OF SOUTH FLORIDA, INC.

**2. Principal Office Address**

4267 S.W. 186th Avenue

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33029

Country  
USA

**3. Mailing Office Address**

4267 S.W. 186th Avenue

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33029

Country  
USA

**REINSTATEMENT 03**

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

11/10/1997

**5. FEI Number**

65-0794009

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

Russell Stern

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

4267 S.W. 186th Avenue

Suite, Apt. #, Etc.

City

Miramar

State  
**FL**

Zip Code

33029

**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]*  
R Stern

REGISTERED AGENT MUST SIGN

Date 11/11/03

**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/D	Russell Stern	4267 S.W. 186th Avenue	Miramar, FL 33029

**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]*  
R Stern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/03

Date

954-614-6292

Daytime Phone #

CR2E081 (9/00)