PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 13 AM 9:51

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000016676

1. Corporation Name
WORLD PRINTERS DEPOT

REINSTATEMENT 99-02

07-16-99 90013 009 $550.00

2. Principal Office Address	3. Mailing Office Address
4430 NW 74 AV	9002 SW 137 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. # H
City & State MIAMI - FL	City & State MIAMI
Zip 33166 Country USA	Zip 33176 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1999

5. FEI Number 65-0822720 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for Certified Copy

7. Name and Address of Current Registered Agent

Name ALVARO H. LUGO

Street Address (P.O. Box Number is Not Acceptable) 14400 SW 296 ST

Suite, Apt. #, Etc.

City HOMESTEAD State FL Zip Code 33033

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****658.75 ****658.75

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 ALVARO H LUGO REGISTERED AGENT MUST SIGN Date 03-12-02

CR2E061 (9/01)

9. Names and Street Addresses of each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTS	CARLOS A. LUGO	9002 SW 137 ST # H	MIAMI FL 33176

3/25

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: CARLOS A. LUGO 3/12/02 305 594 7415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #