

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

112

05 JUN -6 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000039459

1. Corporation Name

Sebring Press Corp.

2. Principal Office Address

3503 Josephine St.

Suite, Apt. #, etc.

3. Mailing Office Address

3503 Josephine St.

Suite, Apt. #, etc.

City & State

Sebring, FL.

City & State

Sebring, FL.

Zip

33870

Country

Highlands

Zip

33870

Country

Highlands

**REINSTATEMENT**

W  
00-05

4. Date Incorporated or Qualified  
To Do Business in Florida

4-29-98

5. FEI Number

650844058

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

Joseph A. Dean

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

1150 NW 11th St. Rd.

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33136

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]*

REGISTERED AGENT MUST SIGN

Date

5/16/05

**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
PS	Dean, Joseph A.	1150 NW 11th St. Rd.	Miami, FL. 33136
VP	Dean, Wendy	3503 Josephine St.	Sebring, FL. 33870

400055146474  
05/23/05--01065--004 \*\*900.00

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

Daytime Phone #

CR2001 (01/05)

2/2

Sebring Press  
3503 Josephine St.  
Sebring, FL. 33870  
Doc#P98000039459

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL. 32314

To Whom It May Concern:

May 13, 2005

I am writing on behalf of Mr. Joseph Dean concerning Sebring Press. Mr. Joseph Dean had suffered a stroke and was hospitalized. He is still currently in recovery and has assigned individuals, such as myself, to handle his business matters. The organization applied for re-instatement in 2002, however, per a phone call to Corporate Re-instatement a few days ago, it was discovered that the application was rejected due to an error. No correspondence was given due to the fact that Mr. Dean was still recovering and unable to respond. Upon his request and the instructions of Corporate Re-instatement, I am enclosing an application (with fee) and appealing to your department for the re-instatement of Sebring Press. If you have any questions or need any further information please contact me at 813-231-9177. Thank you for your immediate attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Daniel Dean".

Daniel Dean