

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 26 AM 10:50

**DOCUMENT #** P98000073308

**1. Corporation Name**

Center Printing, Incorporated

**2. Principal Office Address**

558 Stuart Lane

**3. Mailing Office Address**

558 Stuart Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32254

Country

Duval

Zip

32254

Country

Duval

**REINSTATEMENT** 99-00

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

8-21-98

**5. FEI Number**

59-3544396

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

Raymond E. Forbess

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

11737 Whitebluff Drive South

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225

300003321543-2

-07/13/00--01002--023

\*\*\*\*300.00 \*\*\*\*300.00

**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

*Raymond E. Forbess*  
REGISTERED AGENT MUST SIGN

Date 6-21-00

**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

|       |                    |                         |                        |
|-------|--------------------|-------------------------|------------------------|
| PRES. | RAYMOND E. FORBESS | 11737 WHITEBLUFF DR. S. | Jacksonville, FL 32225 |
|       |                    |                         |                        |
|       |                    |                         |                        |
|       |                    |                         |                        |
|       |                    |                         |                        |
|       |                    |                         |                        |

**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:**

*Raymond E. Forbess*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-00  
Date

904  
693-5115  
Daytime Phone #

CR2E081 (9/99)