

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 MAR 10 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103632

1. Corporation Name

Business Printing, Inc.
1050 NE 27th Terrace
Pompano Beach, FL 33062

Principal Place of Business

1050 NE 27th Terrace
Pompano Beach, FL 33062

Mailing Address

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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

December 11, 1998

5. FEI Number

65-0912667

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

99.50

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P/S	Robert C. Bryant	1050 NE 27th Terrace	Pompano Beach, FL 33062
D/VP	Veronica Bryant	1050 NE 27th Terrace	Pompano Beach, FL 33062
			7000003180207--0 -03/22/00--01077--018 ***\$900.00 ***\$900.00
			LS

8. Name and Address of Current Registered Agent

Robert Bryant
1050 NE 27th Terrace
Pompano Beach, FL 33062

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Robert C. Bryant

REGISTERED AGENT MUST SIGN

Date 3/3/00

**11. This corporation owes the current year
Intangible Personal Property Tax due June 30.**

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Robert C. Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/8/00 (954) 785-1049
Daytime Phone #

CR2E081 (12/98)