

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**

02-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 17 AM 8:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

late

300020937523
06/17/03--01047--007 **300.00

DOCUMENT # P99000002247

1. Corporation Name

PRINTING INTERNATIONAL CORPORATION

2. Principal Office Address

9784 GRAND VERDE WAY

Suite, Apt. #, etc.

601

City & State

BOCA RATON, FLORIDA

Zip

33428

Country

USA

3. Mailing Office Address

9784 GRAND VERDE WAY

Suite, Apt. #, etc.

601

City & State

BOCA RATON, FLORIDA

Zip

33428

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/99

5. FEI Number

65-0916930

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

PATRICK GOUVERNEUR

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

9784 GRAND VERDE WAY

Suite, Apt. #, Etc.

601

City

BOCA RATON

State

FL

Zip Code

33428

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

REGISTERED AGENT MUST SIGN

Date 6/12/03

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	PATRICK GOUVERNEUR	9784 GRAND VERDE WAY #601	BOCA RATON, FL 33428
VP S D	ISABELLE GOUVERNEUR	9784 GRAND VERDE WAY #601	BOCA RATON, FL 33428

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:

PATRICK GOUVERNEUR

6/12/03

561-883-5814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

6/15