

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000021068

1. Corporation Name

SKINNY LIZARD SCREEN PRINTERS, INC.

Principal Place of Business

501-C ANASTASIA BLVD.
ST. AUGUSTINE FL 32095

Mailing Address

501-C ANASTASIA BLVD.
ST. AUGUSTINE FL 32095

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

501 Anastasia Blvd. Unit
St. Augustine
32080 St. Johns

FILED

01 JAN -2 AM 11:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1999

5. FEI Number

59-3575670

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ARCHETKO, PAUL M	457 FLORIDA AVE.	ST. AUGUSTINE FL 32084
VP	HUBERT, JOACHIM J	6 HOPKINS STREET	ST. AUGUSTINE FL 32095

600003532456-9
-01/11/01--01032--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BURN, NANCY J
365 VENETIAN BLVD.
ST. AUGUSTINE FL 32095

9. Name and Address of New Registered Agent

Name

Nancy S. Burn

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

685 S. Holmes Blvd.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/00

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/00 904 808 7009

Daytime Phone #

KE

CR2E040 (8/00)