

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
02 NOV 20 PM 6:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000059257**

1. Corporation Name

**BRUNS PRINT MANAGEMENT, INC.**

Principal Place of Business

1878 SW 177TH AVENUE  
MIRAMAR FL 33029

Mailing Address

1878 SW 177TH AVENUE  
MIRAMAR FL 33029



400009109234  
11/20/02--01057--003 \*\*750.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business In Florida

06/30/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0931161

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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	4 City / State / Zip
PVST	BRUNS, STEVEN J	1878 SW 177 AVE	MIRAMAR FL 33029
D	BRUNS, STEVEN J	1878 SW 177 AVE	MIRAMAR FL 33029

**REINSTATEMENT 02**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'DOWD, WILLIAM H IV  
1717 N BAYSHORE DR, SUITE 1245  
MIAMI FL 33132

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. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11/12/02

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/02

Date

Daytime Phone #

CR2E040 (8/02)