

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 18 PM 6:37

DOCUMENT # P990000097899

1. Corporation Name

PRINT CITY, INC.

Principal Place of Business

281 GOOLSBY BLVD.  
DEERFIELD BEACH FL 33442

Mailing Address

281 GOOLSBY BLVD.  
DEERFIELD BEACH FL 33442

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

11/04/1999

5. FEI Number

APPLIED FOR

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
PSTD	KHALEEL, SEAN	281 GOOLSBY BLVD.	DEERFIELD BEACH FL 33442
VD	KHALEEL, DOMINIC	281 GOOLSBY BLVD	DEERFIELD BEACH FL 33442

8. Name and Address of Current Registered Agent

KHALEEL, DOMINIC  
281 GOOLSBY BLVD.  
DEERFIELD BEACH FL 33442

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

*Domine K. Kheleel*  
REGISTERED AGENT MUST SIGN

Date

AD

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:

*Domine K. Kheleel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

# PRINT CITY, INC.

281 Goolsby Boulevard • Deerfield Beach • Florida 33442  
Telephone: (954) 480-8670 • Fax: (954) 480-8513

Division of Corporations  
Annual Report  
Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sirs

We refer to Notice of Administrative dissolution received in the mail today and to our subsequent telephone conversation with a representative from your Department (tel (850) 245-6059.

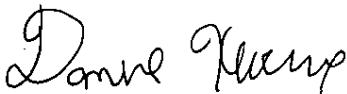
As explained, we did send in our 2001 Uniform Business Report along with our check for \$150.00 on April 10, 2001. We did not receive any subsequent correspondence requesting further information.

As instructed by your office, we are now enclosing a copy of our application for EI # as well as a copy of our cancelled check and the Form we received today.

We appreciate your waiving these extra fees as we were not aware that a problem existed with our application.

We look forward to hearing from you.

Sincerely,



Dominic Khaleel

October 12, 2001

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)► **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

Print City Inc.

2 Trade name of business (if different from name on line 1)

AS ABOVE

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

281 Goolsby Blvd.

5a Business address (if different from address on lines 4a and 4b)

SAME AS LINES 4A &amp; B

4b City, state, and ZIP code

Deerfield Beach FL 33442

5b City, state, and ZIP code

6 County and state where principal business is located

BROWARD COUNTY - FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►

DOMINIC KHALEEL

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ►☐ Other (specify) ►☐ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Other corporation (specify) ►☐ Trust☐ Federal government/military

(enter GEN if applicable)

CORPORATION

8b If a corporation, name the state or foreign country  
(if applicable) where incorporated

State

FLORIDA

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ►☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

NOVEMBER 1999

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

NONE

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

NONE

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions) ►

PRINTING

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ►

PAPER

☒ Yes☐ No

16 To whom are most of the products or services sold? Please check one box.

☒ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

DOMINIC KHALEEL

Business telephone number (include area code)

(954) 480 8670

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ►

President

Signature ►

Dominic Khaleel

Date ►

8/27/01

Note: Do not write below this line. For official use only.

Please leave  
blank ►

Geo.

Ind.

Class

Size

Reason for applying