

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
TALLAHASSEE, FLORIDA

01 OCT 15 PM 4:17

DOCUMENT # P99000107028

1. Corporation Name

INPRIMIS HOLDINGS, INC.

Principal Place of Business

151 N.W. 1ST AVE.
DELRAY BEACH FL 33444

Mailing Address

151 N.W. 1ST AVE.
DELRAY BEACH FL 33444

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

2. New Principal Office Address, If Applicable
1601 CLINT MOORE Rd

Suite, Apt. #, etc.

City & State
BOCA RATON FL

Zip
33487

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1999

5. FEI Number

NOT-APPLICABLE

Apply **SP**

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
D	FEDERSPIEL, ROBERT W	151 N.W. 1ST AVE.	DELRAY BEACH FL 33444

500004658245--3
-10/29/01--01106--024
****758.75 ****758.75

8. Name and Address of Current Registered Agent

FEDERSPIEL, ROBERT W
151 N.W. 1ST AVE.
DELRAY BEACH FL 33444

9. Name and Address of New Registered Agent

Name
R. MICHAEL BREWER
Street Address (P.O. Box Number is Not Acceptable)
1601 CLINT MOORE Rd.
Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33487

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 R. Michael Brewer
REGISTERED AGENT MUST SIGN

Date 10/12/01

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:

R. Michael Brewer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXT 210
10/12/01 561-997-6227
Date Daytime Phone #

CR2E040 (9/01)