

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

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

FILED

01 SEP 25 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UBR

DOCUMENT # S56960

1. Corporation Name

A Plus Lamination, Inc.

2. Principal Office Address

13810 NW 6th Ct.

Suite, Apt. #, etc.

City & State

N. Miami, FL

Zip

33168

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

May 1991

5. FEI Number

65-0151-537

Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James H. Hawks

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

13810 NW 6th Ct.

Suite, Apt. #, Etc.

City

N. Miami

FL

State
FL

Zip Code

33168

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

James H. Hawks Pres

REGISTERED AGENT MUST SIGN

Date

9/24/01

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
Pres.	James Hawks	13810 NW 6th Ct. N. Miami FL	N. Miami, FL 33168

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 807.0401 or 817.0401, 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:

James H. Hawks Pres 9/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 769-6999

Daytime Phone #

2087

A PLUS LAMINATION, INC.
1-Side & 2-Side Film Lamination • U.V. Coating

SEPTEMBER 24, 2001

TO: DEPARTMENT OF STATE – CORPORATION REINSTATEMENT
DIVISION

FROM: A PLUS LAMINATION
RE: REINSTATEMENT FEE OF CORPORATION

TO WHOM IT MAY CONCERN:

PLEASE NOTE THAT WITHIN THE LAST YEAR WE MOVED OUR BUSINESS
TO:

13810 NW 6TH COURT
N. MIAMI, FL 33168

IF THERE WERE ANY FORMS SENT OUT TO FILE FOR REINSTATEMENT OR
FOR THE ANNUAL REPORT WE NEVER RECEIVED THEM.

ADDITIONALLY, WE ALSO HIRED A NEW ACCOUNTANT WHICH COULD
HAVE CAUSED THIS OVERSIGHT.

WE REQUEST FROM YOU, OUR FEES OF \$ 750 TO BE WAIVED DUE TO THESE
TWO ISSUES.

THANK YOU,


JAMES H. HAWKS
PRESIDENT