PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLETIN	IG THIS FORM	
APPLICATION FOR 191	FLORID	A DEPARTMENT Sandra B. Mor Secretary of S	NT OF STATE		APPROVED	
REINSTATEMENT		IVISION OF CORPOR	RATIONS		97 OCT 22 AM II: 16	
DOCUMENT # 558657  1. Corporation Name TRC Printing, Inc				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 5130 151eWorth CC DRIVE				7000023307377		
Windermere, FL 34786				-10/27/9701144023 ****923.75 ****923.75		
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				Date Incorpora	ated or Qualified	
Sulte, Apt. #, etc.	SAME Suite, Apt. #, etc.			To Do Business in Florida		
City & State	City & State			5. FEI Number 59-30	75085 Applied For Not Applicable	
Zip Country	<b>Z</b> ip	Country	,	6. CERTIFICATE OI	S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	r Director (Flo	rida nonprofit corpora	tions must list at lea	st 3 directors)	15) it cormitate of status	
			et Address of Each icer and/or Director e Post Office Box N		City / State / Zip	
President CATHERINE RUST	5130 Isleworth CC DRIV		DRIVE V	Windermere, Fl. 34786		
Secretary TANA E. KAISER	1470 Sweet Bottom CIR		IR M	Marietla, Ga 30064		
U						
	REII				MENT 96-97	
					a. alan	
					10/22/97	
8, Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent						
Catherine RUSTIN CATHE				RNE RI	USTIN Not Acceptable)	
5130 I Sleworth Country Club DR 5130 Isleworth Country Club Dr						
Windermere, FL 34786  Suite, Apt. #, Etc.						
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 Cuttorus Rustin  Registered Agent Date 10 /20 /97						
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)						
12. 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 filling 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: Authory Custume 10/20/97 (407)876-1007  BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daylime Phone #						