

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>	<b>FLORIDA DEPARTMENT OF STATE</b>
	<b>Sandra B. Mortham</b>
	<b>Secretary of State</b>
	<b>DIVISION OF CORPORATIONS</b>

**DOCUMENT #** 5069124

1. Corporation Name

**CITATION BUSINESS FORMS, INC.**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
2300 CORPORATE BOULEVARD NW SUITE 241 BOCA RATON, FL 33431-6312	2300 CORPORATE BLVD NW SUITE 241 BOCA RATON, FL 33431-6312

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/26/1991	
City & State		City & State		5. FEI Number	
Zip		Country		65-0281180	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES/D	DEBRA BOLNICK	10593 SAINT THOMAS DR	BOCA RATON, FL 33498
VP/D	BARBARA BOLNICK	7161 WOODBRIDGE CIRCLE	BOCA RATON, FL 33434
SEC/D	RICHARD BOLNICK	150 ROUNDHILL ROAD	ROSLYN HEIGHTS, N.Y. 11577
TREA/D	MARTIN BOLNICK	7161 WOODBRIDGE CIRCLE	BOCA RATON, FL 33434

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DEBRA BOLNICK		Name	
10593 SAINT THOMAS DRIVE		Street Address (P.O. Box Number is Not Acceptable)	
BOCA RATON, FL. 33498		Suite, Apt. #, Etc.	
		City	
		State <b>FL</b> 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 Debra Bolnick Date 1/199

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ 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 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 name 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:** Debra Bolnick DEBRA BOLNICK, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/199 Daytime Phone #