

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

DOCUMENT # **V02266**

00 OCT 19 PM 3:44

1. Corporation Name

**PRINTCRAFT PRINTING CENTERS OF NORTH FLORIDA, I
NC.**

Principal Place of Business

Mailing Address

1049 KINGS AVENUE
JACKSONVILLE FL 32207

1049 KINGS AVENUE
JACKSONVILLE FL 32207



REINSTATEMENT *DD*

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

12/20/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3105997

Applied For

Not Applicable

City & State

JACKSONVILLE FL.

City & State

JACKSONVILLE FL.

Zip

32202

Country

USA

Zip

32202

Country

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ROCKER, CHARLES L JR.	2919 SANTIAGO STREET	TAMPA FL 33629
D	GODWIN, MELVIN E	4141 BAYSHORE BLVD #2001	TAMPA FL 33611
D	LUMB, ROBIN T	2164 GILMORE ST	JACKSONVILLE FL 32204
			600003455836--5 -11/07/00--01108--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LUMB, ROBIN
2164-2 GILMORE STREET
JACKSONVILLE FL 32204

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

ROBIN LUMB
SIGNATURE REQUIRED

Date

10/18/00

REGISTERED AGENT MUST SIGN

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:

ROBIN LUMB
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

10/18/00

CR2E040 (8/00)