PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV -7 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V74152**

1. Corporation Name

CHRIS THE PRINTER, INC.

Principal Place of Business	Mailing Address
6161 DUNCAN RD PUNTA GORDA FL	6161 DUNCAN RD PUNTA GORDA FL

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
3036 A d B Tamiami Trail	3036 A d B Tamiami Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip: 33952 Country: Charlotte	Zip: 33952 Country: Charlotte

4. Date Incorporated or Qualified To Do Business in Florida: 10/23/1992

5. FEI Number: 65-0370508 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	VINCENT, MARY S.	1780 DEBORAH DR #25	PUNTA GORDA FL
PD	SMITH, BRUCE C.	~~829 BELAIRE CT~~ 127 Hibiscus Drive	PUNTA GORDA FL
STD	SMITH, HENRY B.	1161 RICHTER DR	PORT CHARLOTTE FL
VD	SMITH, CHRISTOPHER N.	~~1780 DEBORAH DR #25~~ 451 W. Marion Ave	PUNTA GORDA FL

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

OAKS, DAVID K.
252 W MARION AVE
PUNTA GORDA FL 33950

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

000002003830--8
-11/13/96--01192--013
***375.00 ***375.00

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: David K. Oaks SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 11-4-96

11. *Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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: SIGNATURE REQUIRED 11/4/96 941 624 5258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #