

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 MAR -7 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **175773**

1. Corporation Name

A PLACE FOR SILK SCREEN GRAPHICS INC.

2. Principal Office Address

1016 NE 44th Court

Suite, Apt. #, etc.

City & State

Oakland Park, Florida

Zip

33334

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**REINSTATEMENT** 91-00

4. Date Incorporated or Qualified  
To Do Business in Florida

1990

5. FEI Number

59-3012483

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Vartan Haladjian

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

1016 NE 44th Court

Suite, Apt. #, Etc.

City

Oakland Park,

State

FL

Zip Code

33334

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

Vartan Haladjian

REGISTERED AGENT MUST SIGN

Date 02/29/2000

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
P, T	Vartan Haladjian	2485 NW 88th Terr.	Coral Springs, FL 33065
VP, S	Hala M. Haladjian	2485 NW 88th Terr.	Coral Springs, FL 33065
			KE

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 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: Vartan Haladjian

VARTAN HALADJIAN

02/29/00

954-489-7719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)