: 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000131775

1. Entity Name
DP GRAPHICS, CORP.

FILED
05 OCT 26 AM 9:09

09/27/05 01021-026 35.00
10/26/05 90003008 155.00

10122005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
6520 NW 84TH AVENUE MIAMI, FL 33166	6520 NW 84TH AVENUE MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
10442 NW 31 TER	10442 NW 31 TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DORAL	City & State: DORAL
Zip: 33172 Country: DADE	Zip: 33172 Country: DADE

4. FEI Number: 37-1482879 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAESTU, LUCIANO
6520 NW 84TH AVENUE
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name: MAESTU LUCIANO
Street Address (P.O. Box Number is Not Acceptable): 10442 NW 31TER.
City: DORAL FL Zip Code: 33172

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 10/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD MAESTU, LUCIANO 6520 NW 84TH AVENUE MIAMI, FL 33166	☐ Delete	PSD MAESTU LUCIANO 10442 NW 31 TER DORAL, FL 33172	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900061247719 11/08/05--01022--016 **565.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 10/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #