

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
 Katherine Harrell  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 99 NOV - 1 AM 11:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

DOCUMENT # **P93000064218**  
 1. Corporation Name  
**GRAPHIC PARTNERS INTERNATIONAL CORP.**

Principal Place of Business      Mailing Address  
 12914 IXORA CIR                      237 E. BROADWAY AVE.  
 NORTH MIAMI FL 33181              WESTERVILLE OH 43081-1656



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 <b>09/08/1993</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0433679</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	SHAD, HANS PETER	12914 IXORA CIRCLE	NORTH MIAMI FL
P	FULLEN, JOSEPH A.	430 NAVAJO DRI.	WESTERVILLE OH
VP	EPLIN, DIANE E	237 E BROADWAY AVE	WESTERVILLE OH 43081

100003040461--9  
 -11/09/99--01105--013  
 \*\*\*\*488.00 \*\*\*\*400.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SCHAD, HANS PETER 12914 IXORA CIR NORTH MIAMI FL 33181		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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 \_\_\_\_\_ Date \_\_\_\_\_  
 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: Diane Eplin      **REQUIRED**      Diane Eplin Vice President      10-25-99      614-890-7713  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

KE

CR25040 (8/99)

# Graphic Partners International Corp.

237 E. Broadway Avenue • Westerville, Ohio 43081-1656

Phone 614 890 7713 • Fax 614 890 5959

E-Mail Address: [gpic@aol.com](mailto:gpic@aol.com)

Web Site: [www.graphic-partners.com](http://www.graphic-partners.com)

2

October 25, 1999

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Graphic Partners International Corp.  
Document #P93000064218  
Notice of Administrative Dissolution or Revocation

We have received the above notice citing failure to file the 1999 Corporation Annual Report. Please correct your records – our Annual Report was filed in June, 1999 with the \$150.00 fee. A copy of the canceled check is enclosed, along with the \$400.00 fee for filing after May 1, 1999. A representative from your office indicated a prior notice was sent out regarding this fee, but we have no record of receiving any notices.

Please feel free to call (614) 890-7713 if you have any further questions.

Sincerely,

  
Diane Eplin