

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

00 MAY 25 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000059741

1. Corporation Name

GR Graphics, Inc

2. Principal Office Address

2801 W. Lorraine Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33614

Country

Hills.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Principal Office Address

Country

200003293012--3

-06/15/00--01156--025

\*\*\*\*308.75 \*\*\*\*308.75

4. Date Incorporated or Qualified  
To Do Business in Florida

8/11/94

5. FEI Number

59-3272472

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Galel Ramadan

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

2801 W. Lorraine Ave

Suite, Apt. #, etc.

City

Tampa

State

FL

Zip Code

33614

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

Galel Ramadan

Date 5/22/00

REGISTERED AGENT MUST SIGN

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	Galel Ramadan	2801 W. Lorraine Ave	Tampa, FL 33614
		990004BR	TS

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:

Galel Ramadan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/00 (813) 915-1699

Date

Daytime Phone #

CR2E081 (9/99)

# gr graphics, inc.

advertising · design · print · direct mail · publications

2801 w. lorraine ave. • tampa, florida 33614  
tel: (813) 915-1699 • fax: (813) 915-9804

To:  
Florida Dept. of State  
Division of Corporations

5/22/2000

Dears,

I write this letter to inform you that we didn't recieve 1999 or 2000 Corporation tax forms which the result of you having our old address in your computer.

Attached a reinstatement forms with all the right informations and check for corporation tax charge.

Thank you.

Sincerely

A handwritten signature in black ink, appearing to read 'Galal Ramadan', with a horizontal line drawn underneath it.

Galal Ramadan