PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -9 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104993

1. Corporation Name
SECUGRAPHICS INTERNATIONAL, INC.

REINSTATEMENT 04

2. Principal Office Address	3. Mailing Office Address
Post Office Box U	Post Office Box U
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: White Springs, FL	City & State: White Springs, FL
Zip: 32096 Country: USA	Zip: 32096 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: June 17, 2002

5. FEI Number: 593544104 ☐ 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: Edward A. Miller

Street Address (P.O. Box Number is Not Acceptable): Corner Camp Road & U.S. 41

Suite, Apt. #, Etc.

City: White Springs | State: FL | Zip Code: 32096

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: Edward A. Miller
REGISTERED AGENT MUST SIGN

Date: 1 Nov 2004

CR2E081 (01/04)

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
PSTD	Edward A. Miller	Corner Camp Road & U.S. 41	White Springs, FL 32096

CR 100042612440
11/09/04--01091--009 **750.00

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.

(386) 397-1111

SIGNATURE: Edward A. Miller | 1 Nov 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #