

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.

2. Principal Office Address

Post Office Box U

Suite, Apt. #, etc.

City & State

White Springs, FL

Zip

32096

Country

USA

3. Mailing Office Address

Post Office Box U

Suite, Apt. #, etc.

City & State

White Springs, FL

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

REINSTATEMENT 04

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

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

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)(b), 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:

Edward A. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward A. Miller

Date

Daytime Phone #

386 397-1111
1 Nov 2004

CR2E081 (01/04)