

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000112882

1. Entity Name
ATELIER CASA GRAFICA, INC.



Principal Place of Business
6540 SW 48 ST
MIAMI, FL 33155

Mailing Address
6540 SW 48 ST
MIAMI, FL 33155

FILED
05 DEC -2 PM 4:12



10202005 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

~~20-1180401~~ 56 250676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTREIRA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Myrna Reyes
6540 SW 48 ST
MIAMI FL 33155

Name

Myrna Reyes

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

6540 SW 48 ST

City

Miami FL

FL

Zip Code

33155

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

Myrna Reyes

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/1/05

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 PD
STREET ADDRESS REYES, MYRNA
CITY-ST-ZIP 6540 SW 48 ST
MIAMI, FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS 500060897215
CITY-ST-ZIP 10/24/05--01056--013 **750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

Myrna Reyes

RECEIVED
TS 12/02/05