

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 17 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 280060

1. Corporation Name

Octagon Graphics Inc

200012594052
02/17/03--01055--003 **1208.75

2. Principal Office Address

1513 West Cass Street

Suite, Apt. #, etc.

3. Mailing Office Address

1513 West Cass Street

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa FL

Zip

33606

Country

USA

Zip

33606

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-01-1964

5. FEI Number

59-3188633

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

Shumaker Loop + Kendrick

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

101 E. Kennedy Blvd.

Suite, Apt. #, Etc.

Suite 2800

City

Tampa

State

FL

Zip Code

33602

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

EJ Rickman

Date 2/13/03

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
CPD	Kenneth J. Fawcett	2553 Appaloosa Trail Palm Harbor FL 34685	Palm Harbor FL 34685
VMTD	Wendy S. Alexander	16116 Pebblebrook Dr.	Tampa FL 33624

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy S. Alexander

Date

2/13/03

Daytime Phone #

813 258 3335

CR2E081 (10/02)