


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 96 NOV 15 PM 2:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>F20532</u> 1. Corporation Name FLORIDA COLOR GRAPHICS, INC.					
Principal Place of Business 3055 LENOX AVENUE JACKSONVILLE, FLORIDA 32254		Mailing Address 3055 LENOX AVENUE JACKSONVILLE, FLORIDA 32254			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/20/81	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2086596	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4		
P	NATHAN L. PELLUM	23715 E. HWY 314	SALT SPRINGS, FL. 32134		
T/S	JACQUELYN S. PELLUM	23715 E. HWY 314	SALT SPRINGS, FL. 32134		
V	NATHAN L. PELLUM, JR.	4745 ROYAL AVENUE	JACKSONVILLE, FL. 32205		
<div style="text-align: right;"> 100002009671--4 -11/20/96--01053--016 ###383.75 ###383.75 DBI-18-96 </div>					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Name NATHAN L. PELLUM			Name NATHAN L. PELLUM		
Street Address (P.O. Box Number is Not Acceptable) 3055 LENOX AVENUE			Street Address (P.O. Box Number is Not Acceptable) 3055 LENOX AVENUE		
Suite, Apt. #, Etc.			Suite, Apt. #, Etc.		
City JACKSONVILLE			State Zip Code FL 32254		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent <u>Nathan L. Pellum</u> Date _____ REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Nathan L. Pellum</u> Date _____ Daytime Phone # <u>904 384-6435</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					