## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT	S	DEPARTMEN Secretary of S	tate		FILED 7 APR 26 PM		
1. Corporal		4		CALLAHASSEE, FLORIDA				
PANGRAPHICS, INC.								
					REINSTATEMENT 03-07			
,	I Office Address - No P.O. Box # EAST MAIN STREET	ffice Address ASTMX	INSTRE	:T	CR2E081 (1/0	17)		
Suite, Apt. #	t, etc.	etc.		4. Date Incorpo	prated or Qualified IN ess in Florida	171AL 18, 1998		
City & State	NKFORT KY.	SFORT KY 5. FEIT		5. FEI Number 61-0	<del></del>	Applied For Not Applicable		
Zip 40	-0601 Country 4060			try SA	6	CATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent					_			
Name CT CORPORATION SYSTEM					The reinstatement fee is imposed, except in			
Street Address (P.O. Box Number is Not Acceptable)					circumstances which the entity did not receive the prior notices. By checking this box, you			
1200 South PINE ISLAND BOAD Suite, Apt. #, Etc.					are certifying the prior notices were not received and requesting the reinstatement			
PLANTATION State Zip Code FL 33324					fee be waived. 300103013999 05/22/0701025005 ***750 00			
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 Story REGISTERED AGENT MUST SIGN						Date 4123/07		
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 / Si	tate / Zip		
P/6/c	JOHN C. ANTENUCCI		2746 SHADRICK FEE RD POGOK 1503		c FE66 <b>A</b>	FRANKfort Ky 40601		
VP/D	FRED BEISSER		796 TIAGO TRAIL		PIL	PARKER CO		
VP/s	JOYCE RECTO	107 wimbleton		FRANK FO	01 1			
ΥP	MICHAEL KEUDNY		615 BENNINGTON LANG		Silver Spring Md 20910			
丁	GARY W MURPHY 8804 DENING		DENINGT	TON DR LOUISUITE 16/ 40222-5011				
		A9151	4		.0⊊722	00103013	3999	
10. I certify that I am an officer or director or the receiver of 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate entorny signature shall have the same legal effect as if made under oath.								
JOHN C. APRIL 20 502-223-								
SIGNA	TURE: SIGNATURE AND TYPED OR P	RINTED NAME OF	SIGNING OFFICER C	R DIRECTOR	ENUCCL		Paytime Phone #	