FOR REINSTATEMENT	DA DEPARTME Sandra B. Mo Secretary of S  DIVISION OF CORPO	NT OF STATE ortham State	OMPLET	ING THIS FO			
DOCUMENT # H95374							
1. Corporation Name  MARDES GRASHIC	<u></u>	98 AUG 21 P11 2: 55					
MARDEE GRAPHICS, INC			SECTOL LANG STATE FALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Ad 3/0 5.8.3RD AVL. FT. L	AU DERDA	14 FC 330 J			CONIDM		
1800 S. OCEAN BIVD. KSA	r correction below. f Applicable	<del></del>					
Suite, Apt. Suite, Apt.  City & State City & State	·		5. FEI Numbe	2122416		Applied For	
Pompano BEACL FL Zip Zip Zip Zip Zip Zip	Countr	ry	6. CERTIFICATI	E OF STATUS DESIRED		not Applicable onal Fee required icate of Status	
7. Names and Street Addresses of Each Officer and/or Director. (F  Title(s)  2. Name of Officers and/or Directors.	Str OI 3 (Do NOT U	treel Address of Each officer and/or Director Use Post Office Box N	lumbers)	4 C	ity / <b>Sta</b> te / Zip		
PRes. DIANA K. SAUNDERS	18005	OCRANB.	120,481.	Pompano!	BEACH	FL 33061	
ic/TREAS MARCIA C. MARX	CITEMEN MARCIA C. MARX 18005. C		1211	POMPANO			
			90	0000252 -08/26/98 ****908:	215 1 0 5 75 *****	3 (D -006 908.75	
	REINST	ATEME	NT q	7398			
A Name and Address of Current Desistered A		<del></del>	C. Alcono and J	cus		·····	
B. Name and Address of Current Registered Agent  DIANA K. SAUNDERS 1800 S. OCRAN BIVD, 48// POMPANO BEACH, FL 33062		Name	9. Name and A	Address of New Regist	lered Agent		
		Street Address (P.O. Box Number is Not Acceptable)					
		Suite, Apt. #, Etc.					
10. I, being appointed the registered agent of the above named corp	posotion am familiar III	City	directions of Sadi	00 507 0505 E S	State Zip Cod	e 	
Signature of Registered Agent Agent REGISTERED A		Ith and accept the co.	ngations or occ	Date . 8-/	9- <u>9</u> 8		
<ol> <li>This corporation owes or has paid the Intangible Personal Property tax due</li> </ol>	ar Yes 🗖	No 🛭		her sid <b>e f</b> or inforn n inta <b>ng</b> ible tax.)	nation		
12. I certify that I am an officer or director or the receiver or trustee ethis reinstatement application, the reason for dissolution has bee owed by the corporation have been paid and the names of indivion this application is true and accurate, and my signature shall h	n eliminated, the corpo iduats listed on this for	orate name satisfies them to not qualify for a	he requirements an exemption und	of section 607.0401 or 6	617.0401, F.S., tl	hat all fees	

SIGNATURE: Diana K. Sacuades, Diana K. SAUNDERS 3/18/98 (954)782-3358