


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

|  |  |  |  |   |   |   |  |
|--|--|--|--|---|---|---|--|
| <b>DOCUMENT # J64290</b><br>1. Entity Name<br>ALL SERVICE GRAPHICS, INC.   |  |  |  |    |   | FILED<br>07 OCT 25 PM 2: 07<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| Principal Place of Business<br>% DONALD E. GUST<br>1020 W EAU GALLIE BLVD, SUITE I<br>MELBOURNE, FL 32935  |  |  |  | Mailing Address<br>% DONALD E. GUST<br>1020 W EAU GALLIE BLVD, SUITE I<br>MELBOURNE, FL 32935   |   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  |  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |   |  |
| City & State<br><br>Zip      Country   |  |  |  | City & State<br><br>Zip      Country  |   |   |  |
| 4. FEI Number<br><b>59-2789825</b>   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>   |   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>GUST, DONALD E.<br>430 12TH AVENUE<br>INDIALANTIC, FL 32903  |  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>      Zip Code         </div> |   |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  |  |  | (NOTE: Registered Agent signature required when reinstating)<br>DATE <b>10-23-07</b>  |   |   |  |
| <b>FILE NOW!!! FEE IS \$750.00</b><br><b>After January 1, 2008, Fee will be \$900.00</b>   |  |  |  |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPST <input type="checkbox"/> Delete<br>GUST, DONALD E.<br>430 12TH AVE<br>INDIALANTIC, FL 32903   |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>000111358520</b><br>10/25/07--01040--003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P <input type="checkbox"/> Delete<br>SMITH, WILLIAM C<br>2850 PINEAPPLE AVE<br>MELBOURNE, FL 32935 |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |  | Date <b>10-23-07</b> Daytime Phone #  |   |   |  |