

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J64290

1. Entity Name
ALL SERVICE GRAPHICS, INC.



Principal Place of Business

% DONALD E. GUST
1020 W EAU GALLIE BLVD, SUITE I
MELBOURNE, FL 32935

Mailing Address

% DONALD E. GUST
1020 W EAU GALLIE BLVD, SUITE I
MELBOURNE, FL 32935

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GUST, DONALD E.
430 12TH AVENUE
INDIALANTIC, FL 32903

Name

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

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10-23-07

FILE NOW!!! FEE IS \$750.00

After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE VPST
NAME GUST, DONALD E.
STREET ADDRESS 430 12TH AVE
CITY-ST-ZIP INDIALANTIC, FL 32903

Delete

TITLE P
NAME SMITH, WILLIAM C
STREET ADDRESS 2850 PINEAPPLE AVE
CITY-ST-ZIP MELBOURNE, FL 32935

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

0000111353520

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10/23/07-01040--003 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-07

FILED
07 OCT 25 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07
10232007 REINSTATEMENT CR2E096(1707)

REINSTATEMENT