

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
02 WBR  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # J78964

1. Corporation Name

GRAPHIC SERVICES OF TAMPA, INC.

Principal Place of Business

Mailing Address

104 W. SENECA  
SUITE 5  
TAMPA FL 33612

104 W. SENECA  
SUITE 5  
TAMPA FL 33612

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 Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/22/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27035 Old Spring Lake Rd

City & State  
Brooksville FL

City & State

Zip  
34602

Country  
USA

Zip  
Country

5. FEI Number

59-2822217

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| PST           | DEBOSKEY, WILLIAM P.                      | 104 W. SENECA #5                                       | TAMPA FL 33612          |
| D             | DEBOSKEY, WILLIAM P.                      | 104 W. SENECA #5                                       | TAMPA FL 33612          |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

600008726596  
10/31/02--01055--003 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEBOSKEY, WILLIAM P  
104 W. SENECA  
SUITE 5  
TAMPA FL 33912

Name

William P. DeBoskey

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

27035 Old Spring Lake Rd

Suite, Apt. #, Etc.

Brooksville

City

Brooksville

State

FL

Zip Code

34602

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. or 617.0505, F.S.

Signature of  
Registered Agent

WILLIAM P. DEBOSKEY  
REGISTERED AGENT MUST SIGN

Date 10/28/02

11. 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., 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 under section 119.07(3)(i), F.S. 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:

WILLIAM P. DEBOSKEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02

Daytime Phone #

CR2E040 (8/02)