PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DOCUMENT #

J78964

1. Corporation Name

GRAPHIC SERVICES OF TAMPA, INC.

Principal Place of Business

Mailing Address

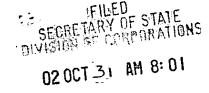
104 W. SENECA

104 W. SENECA

SUITE 5

SUITE 5 **TAMPA FL 33612**

TAMPA FL 33612



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If above a	ddresses are incorrect in any way, line thr	ough incorrect in	nformation ar	nd enter c	orrection below.				
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable					Date Incorporated or Qualified To Do Business in Florida 06/22/1987				
Suite, Apt. #, etc. 27035 Old Spring Lake Rd. Suite, Apt. #,				etc.		5. FEI Number Applied 6		Applied For	
City & State Brook Sville FL City & State								Not Applicable	
Zip 34602 Country USA Zip			Country			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofi	it corporat	ions must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors				et Address of Each per and/or Director				
PST	DEBOSKEY, WILLIAM P.	104 W. SENECA #5			#5	TAMPA FL 33612			
D	DEBOSKEY, WILLIAM P. 104 W. SENEC			ENECA	#5	.			
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	•					600008726596 10/31/Φ201055003 **150.00			
				•					
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
DEBOSKEY, WILLIAM P					Name William P. DeBoskey Street Address (P.O. Box Number is Not Acceptable) 27035 OLD Spring Lake RD Suite Apt. # Etc.				
SUITE 5 TAMPA FL 33912					S -03				
Br						Brooksville FL 34602			
10. i, being	appointed the registered agent of the above	e named corpo	ration, am fai	miliar with	and accept the ob	ligations of Secti	on 607.0505, F.S. or 617.0505,	F.S.	
Signature of									

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #