

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J88131 1. Entity Name GRAPHIC SYSTEMS SERVICES, INC.						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">07 MAY 23 AM 8:25</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 1983 10TH AVE N LAKE WORTH, FL 33461 US				Mailing Address 1983 10TH AVE N LAKE WORTH, FL 33461 US			
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 HUNSTON, W JAY NORTHBRIDGE CENTER SUITE 1900 515 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Jane S. Hunston Street Address (P.O. Box Number is Not Acceptable) 801 Maplewood Drive, Suite 22-A City Jupiter FL Zip Code 33458			
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: <u><i>Jane S. Hunston</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE: <u>5/18/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	700103043957 05/23/07--01002--006 **908.75	
NAME	LA FRENIERE, LOUIS		NAME				
STREET ADDRESS	1983 10TH AVE N		STREET ADDRESS				
CITY- ST- ZIP	LAKE WORTH, FL 33461		CITY- ST- ZIP				
TITLE	PS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLAGE, VICTOR JR		NAME				
STREET ADDRESS	1983 10TH AVE N		STREET ADDRESS				
CITY- ST- ZIP	LAKE WORTH, FL 33461		CITY- ST- ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				
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: <u><i>W. A. G.</i></u> President				DATE: <u>5/18/07</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small> 561-585-9260			