

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L07023

Entity Name
EUROGRAFIX, INC.



FILED

05 MAR -8 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
620 DOUGLAS AVE
SUITE 1308
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address
620 DOUGLAS AVE
SUITE 1308
ALTAMONTE SPRINGS, FL 32714 US

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT 04-05

4. FEI Number
59-2964737

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURKET, STEVEN LORNE
82 CROWN POINT CIR
LONGWOOD, FL 32779

Name
Scott Johnson

Street Address (P.O. Box Number is Not Acceptable)
620 Douglas Ave #1308

City
Altamonte Springs FL Zip Code
32714

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: Scott Johnson President DATE: 2/7/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
LE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ME		NAME			
FEET ADDRESS		STREET ADDRESS			
TY-ST-ZIP		CITY-ST-ZIP			
LE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ME		NAME			
FEET ADDRESS		STREET ADDRESS			
TY-ST-ZIP		CITY-ST-ZIP			
LE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ME		NAME			
FEET ADDRESS		STREET ADDRESS			
TY-ST-ZIP		CITY-ST-ZIP			
LE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ME		NAME			
FEET ADDRESS		STREET ADDRESS			
TY-ST-ZIP		CITY-ST-ZIP			
LE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ME		NAME			
FEET ADDRESS		STREET ADDRESS			
TY-ST-ZIP		CITY-ST-ZIP			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2/7/05 407-865-5555