

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# L93433

**FILED**  
**Oct 21, 2005**  
**Secretary of State**

**Entity Name:** ROBIN CRAWFORD GRAPHICS ,INC.

**Current Principal Place of Business:**

C/O ROBIN CRAWFORD  
3057  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROBIN CRAWFORD  
3057  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

**FEI Number:** 65-0209548

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAWFORD, ROBIN  
3057  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** ROBIN CRAWFORD

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CRAWFORD, ROBIN,  
Address: 3057  
City-St-Zip: LOXAHATCHEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ROBIN CRAWFORD

D

10/21/2005

Electronic Signature of Signing Officer or Director

Date