## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT REINSTATE		FLORIDA DEPAF Secreta DIVISION OF	ry of Sta	OF STATE		FILE: 2010 DEC -6	AM 10: 19
DOCUMENT # M14069  1. Corporation Name  GRAPHICS ELECTRONICS AND ENGINEERING					SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Office Add     4351 NW 63     Suite, Apt. #, etc.	3. Mailing Office Address 4351 NW 63 AVE Suite, Apt. #, etc.			CR2E081 (6/10)  4. Date Incorporated or Qualified			
City & State CORAL SPI	RINGS	City & State CORAL SPRINGS		5. FEI Number	To Do Business in Florida 04/17/1985  5. FEI Number		
Zip 33067	Country Zip D67 USA 330		Country 6.		6.	OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent							
Name BOBBY GOLDSTEIN  Street Address (P.O. Box Number is Not Acceptable) 4351 NW 63 AVE  Suite, Apt. #, Etc.  City CORAL SPRINGS  State Zip Code 33067							
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.05							12-2-10
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles				eet Address of Each icer and/or Director		City	/ State / Zip
Office Bub Galdatein						<u> </u>	
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REINSTATEMENT							
10. E-mail Address: FIREMAN59@BELLSOUTH.NET							
(To be used for future annual report notification)  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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.							
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Dato  Dato  Daytime Phone #							