

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 12 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M107039

1. Corporation Name

CHROMA GRAPHICS, INC.

Principal Place of Business

Mailing Address

1709 SW 3RD PLACE  
CAPE CORAL, FL 33991

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 9498

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		<u>1709 SW 3RD PLACE</u>		<u>2/10/88</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				<u>65-0023453</u>	
City & State		City & State		Applied For	
		<u>CAPE CORAL, FL</u>		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<u>33991</u>	<u>USA</u>	<u>33991</u>	<u>USA</u>		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>PRESIDENT</u>	<u>GENE BECKSTEIN</u>	<u>1709 SW 3RD PLACE</u>	<u>CAPE CORAL, FL 33991</u>
<u>V</u>	<u>SHARON BECKSTEIN</u>	<u>1709 SW 3RD PLACE</u>	<u>CAPE CORAL, FL 33991</u>

900002689669--7  
-11/17/98--01054--018  
\*\*\*1350.00 \*\*\*1350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

1	Name	<u>GENE BECKSTEIN</u>	
	Street Address (P.O. Box Number is Not Acceptable)	<u>1709 SW 3RD PLACE</u>	
	Suite, Apt. #, Etc.		
	City	<u>CAPE CORAL</u>	State
		Zip Code	<u>33991</u>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] Date 11/9/98  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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.

GENE BECKSTEIN

SIGNATURE:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/98

Date

Daytime Phone #

941-458-4404

CR2040 (1/98)