

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT -4 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000047873

1. Corporation Name

GRAPHIKS-R-US, INC.

100008602611
10/25/02--01121--026 **300.00

2. Principal Office Address

5630 NW 114th. Path

3. Mailing Office Address

5630 NW 114th. Path

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

107

City & State

Miami, FL

City & State

Miami, FL

Zip

33178

Country

MIAMI-DADE

Zip

33178

Country

MIAMI-DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

May, 12, 2000

5. FEI Number

65- 1023669

☒ **Applied For**

☐ **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

01-02 URC

7. Name and Address of Current Registered Agent

Name

Katherine Ortega

Street Address (P.O. Box Number is Not Acceptable)

5630 NW 114th. Path

Suite, Apt. #, Etc.

107

City

Miami

State
FL

Zip Code

33178

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **09/27/02**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Katherine Ortega	5630 NW 114th. PATH, # 107	Miami, FL 33178

10. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/27/02

Date

786 325 1690

Daytime Phone #

CR2E081 (9/01)



2002

09/27/02

Dpt. of State.
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:


I gently request waving of reinstatement fee, since I did not received the 2001 / 2002 UBR forms in the mail. This could have happened because I have been quite ill for some time since my oldest daughter passed away after an atypical pneumonia in Nov. 2000. A neighbor of mine, picked up the mail for me. I temporarily moved with some relatives out of town, since I was in poor health conditions to live on my own.

After all this time, I am doing my best to recover from this tremendous loss, and have been doing some work on the corporation's name. I spoke this morning too a customer care representative of yours through the phone, and she told to send a check for the amount of: \$ 300.00 , so you'll find it herein.

I need this reinstatement to be processed ASAP, since I already have a couple of checks on the corporation's name, and have not been able to open a business account for the innactivity of the corporation.

I'm looking forward to this new beginning as an entrepreneur, for my other children and myself. Thanks for your earliest diligence on this matter.

Yours Sincerely,


Katherine Ortega
Graphiks-R-Us
EIN number: 65-01023669

5630 NW 114th. Path
107
Miami, FL 33178
PH./ Fax 305 463 8947
Cel.: 786 325 1690
E- mail: Graphiksrus@aol.com