

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 AUG 23 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000050780**

1. Corporation Name

Action Grafix Tees, Inc.

000007387240--0

-08/28/02--01029--005

*****900.00 *****900.00

2. Principal Office Address

3911 SW 47th Ave

3. Mailing Office Address

3911 SW 47th Ave

Suite, Apt. #, etc.

Suite 908

Suite, Apt. #, etc.

Suite 908

City & State

Davie, FL

City & State

Davie, FL

Zip

33314

Country

USA

Zip

33314

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

5/23/2000

5. FEI Number

65-1015173

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bhash Latta Business Solutions, Inc.

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

8055 Via Hacienda

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State
FL

Zip Code

33418

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

Bhash Latta

REGISTERED AGENT MUST SIGN

Date **8/13/02**

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
P	Mushlag, Hussain	3911 SW 47th Ave	Davie, FL 33314

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:

Mushlag Hussain

8-19-02

Date

954-322-2284

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/27/02