

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -2 AM 11:42

DOCUMENT # P00000075188

1. Corporation Name

FARROW'S FINE GRAPHICS, INC.

Principal Place of Business

Mailing Address

6141 NW 32ND TERRACE
FORT LAUDERDALE FL 33309

6141 NW 32ND TERRACE
FORT LAUDERDALE FL 33309

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

5308 Bayberry Ln

5308 Bayberry Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tamarac, FL

City & State
Tamarac, FL

Zip
33319

Country
Broward

Zip
33319

Country
Broward

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/2000

5. FEI Number

65-1036416

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VINCENT, LYNDA	6141 NW 32ND TERRACE	FORT LAUDERDALE FL 33309
		5308 Bayberry Lane	Tamarac, FL 33319
			600004768996--7
			-01/11/02--01037--012
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

HENRY, ROBERT A
8411 W. OAKLAND PARK BLVD.
SUITE 201
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name

N/A

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Lynda Vincent

REGISTERED AGENT MUST SIGN

Date

12/31/01

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 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:

Lynda I Vincent LYNDA I VINCENT 12/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)
609-8972

CR2E040 (8/01)