

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JUL -1 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000099195

1. Corporation Name

TECHNIGRAPHICS OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

1605 U.S. HWY ONE V4-104
JUPITER FL 33477

1605 U.S. HWY ONE V4-104
JUPITER FL 33477

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

3866 PROSPECT AVENUE

3866 PROSPECT AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 5-6

Suite # 5-6

City & State

City & State

RIVIERA BEACH FL

RIVIERA BEACH FL

Zip 33404-3342

Country

Zip 33404-3342

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/2000

5. FEI Number

65-1055398

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
DPV	SNYDER, RONALD	1605 U.S. HWY ONE V4-104	JUPITER FL 33477
ST	SNYDER, RONALD	1605 U.S. HWY ONE V4-104	JUPITER FL 33477

8000006231918--3

-07/05/02--01076--029

****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALBERT J. GAMOT, JR., P.A.
315 FIFTH STREET
WEST PALM BEACH, FL 33401

Name

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

Albert J. Gamot, Jr.
REGISTERED AGENT MUST SIGN

Date

6/28/02

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:

Ronald J. Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-01
Date

661-848-1990
Daytime Phone #

CR2E040 (8/01)