

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 24 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000104.592

1. Corporation Name

FLORIDA GRAFFITI CONTROL, INC.

2. Principal Office Address

2221 NE 164 ST

Suite, Apt. #, etc.

#1107

City & State

N. MIAMI BEACH

Zip

33160

Country

MIAMI-DADE

3. Mailing Office Address

2221 NE 164 ST

Suite, Apt. #, etc.

#1107

City & State

N. MIAMI BEACH

Zip

33160

Country

MIAMI-DADE

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

11-6-00

5. FEI Number

650757578

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

LAURENCE J. MICHELSON

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

2221 NE 164 ST

Suite, Apt. #, Etc.

#1107

City

N. MIAMI BEACH

State
FL

Zip Code

33160

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

Laurence J. Michelson
REGISTERED AGENT MUST SIGN

Date

11-19-03

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
<u>PRES</u>	<u>LAURENCE J. Michelson</u>	<u>2221 NE 164 ST #1107</u>	<u>MIAMI FL 33160</u>

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:

Laurence J. Michelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-19-03 305-944-8973

Daytime Phone #

CR2E061 (10/02)

7

LAURENCE J. MICHELSON

FLORIDA GRAFFITI CONTROL, INC.

2221 NE 164th Street #1107

N. Miami Beach, FL 33160

Phone: 305-944-8973

November 19, 2003

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Florida Graffiti Control, Inc.
Document #200003454092-0
Filed 11/6/2000

To Whom It May Concern:

Enclosed please find an application for corporation reinstatement together with a check in the amount of \$158.75 payable to Department of State.

The original corporation report was not received for this corporation, resulting in dissolution, and request is hereby made for waiver of reinstatement fee.

Please also furnish a Certificate of Status for which a fee of \$8.75 is included in the above-referenced check.

I have enclosed an airbill for return of the Certificate of Status and, if possible, I would appreciate the return being sent via Airborne which will be charged to my account as listed on the airbill.

If there are any questions, please contact my office at 305-944-8973 and speak with Dale Michelson.

Your prompt attention is sincerely appreciated.

Very truly yours,


Laurence J. Michelson