	P	LEASE READ					OMPLETI	NG THIS F	FORM.		
APPLICATION FOR REINSTATEMEN FLORIDA DEPARTM Jim Sm Secretary of Division of COR						tate	FILED				
DOCUMENT # P0100016694							- 03 JAN -2 AN II: 13				
1. Corporati						SECRETARY OF STATE TALLAHABRES, FLORIDA					
Principal Pla 9213 LAZY TAMPA FL (Mailing Address 9213 LAZY LANE TAMPA FL 33614									
If above addresses are incorrect in any way, line through incorrect info 2. New Principal Office Address, If Applicable 9229 i 2zy Lane Suite, Apt. #, etc. Suite, Apt. #, etc.					ng Office Address, If Applicable Lazy Lane			Date Incorporated or Qualified To Do Business in Florida O2/12/2001 FEI Number Applied For			
City f State City				Citys Stripa, FL			22-378	34448	60.75	Not Applicable	
Zip Country USA			Zip 33614 Country		Y UBA	CERTIFICATE OF STATUS DESIRED 100 a Certificate of Status					
7. Names a Title(s)	nd Street Addre	Name of Officer and Name of Officers and/or Directors	or Director (Flor	ida nonprofit	Str	ations must list at lea eet Address of Each ficer and/or Director	1	4	City / State / Zi	-	
P#0 V/D		io Ramirez er Ramirez		1451 1451	·	nornfield		Tampa,	FL 3362 FL 3362		
. <u>.</u>								10301004	771188 002 **1	s 50, <i>0</i> 0	
					-		O Name	Addings of New	Degistered Agent		
8. Name and Address of Current Registered Agent						Name	Name and Address of New Registered Agent Name				
RAMIREZ, ROGELIO 14511 THORNFIELD CT TAMPA FL 33624						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
						City			State Zip	Code	
10. I, being Signature of Registered		registered agent of the ab	,			vith and accept the o	obligations of Sec	tion 607.0505, F.S	s. or 617.0505, F.S)	

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 filling 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.

Ramirez

SIGNATURE:

AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

Dec 23, 2002 (813)936-9211

Daytime Phone #

SIGNS

BANNERS

MAGNETS

DISPLAYS

SPECIALTIES

WEB DESIGN

(EMBROIDERY

WINDOW GRAPHICS

VEHICLE GRAPHICS

SCREEN PRINTING

PAD PRINTING



December 23, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
Document # P01000016694

To Whom It May Concern:

This letter along with our completed application for reinstatement and UBR filing fee is being sent to reinstate MAD Graphics, Inc. as a corporation. The Notice of Administrative Dissolution or Revocation was the first notification that we received from the Florida Department of State, Division of Corporation this year. Since filing in February 2001 our office has re-located and it has come to our attention that we have not always received our business mail at our new address. For this reason we are requesting both a change of address on our reinstatement application along with our request for the waiving of the reinstatement fee.

Please feel free to contact me should you have any questions about the information contained above or the application for reinstatement.

Rodelio Ramirez

Yours truly, 1

President

9229 Lazy Lane • Tampa FL 33614

Office 8B.936.92.II • Fax: 8B.936.1744 • roge@madgraphics.net