

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 23 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021062

1. Corporation Name

Zonic Graphics & Design Inc.

2. Principal Office Address

4809 Pembroke Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

Country

33021

City & State

Zip

Country

700019850207

05/23/03--01073--012 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65 1079276

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$38.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nilsa Lugo

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

421 Palm Circle East

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33025

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

Nilsa Lugo

REGISTERED AGENT MUST SIGN

Date

5/20/03

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
PK	Nilsa Lugo	421 Palm Circle East	Pembroke Pines FL 33025

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:

Nilsa Lugo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/03

Date

954-983-5155

Daytime Phone #

CR2E081 (10/02)

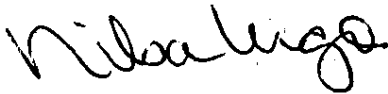
ZONIC GRAPHIS & DESIGN INC.
4809 PEMBROKE ROAD
HOLLY WOOD FL 33021
954-983-5155

March 13 2003

Ref Reinstatement

Please be advised that we never received our annual report form to renew in 2002. When we applied for a license we found out our corporation was dissolved. This seems to be because of the wrong address. Please waive the additional fees and except our reinstatement.

Very Truly Yours

A handwritten signature in black ink, appearing to read "Nilsa Lugo", written in a cursive style.

Nilsa Lugo President