PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

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DOCUMENT # *PO10000 32983*

1. Corporation Name

Total Image Graphics Inc

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address *524 N. Harbour Blvd*	**3.** Mailing Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State *Melbourne FL*	City & State

Zip *32935*	Country *USA*	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number *13-######*	Applied For
	Not Applicable

6.
CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Raymond Ackley*

Street Address (P.O. Box Number is Not Acceptable) City *524 N. Harbour Blvd*

Suite, Apt. #, Etc.

City *Melbourne*	State **FL**	Zip Code *32935*

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 *Reg Ackley   Pres*   Date *9/14/06*
REGISTERED AGENT MUST SIGN

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
Pres	*Raymond Ackley*	*725 Brookside Drive*	*Indian Atlantic FL 32932*
		3000803268863	
		10/03/0E--01023--001 **1050.00	

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 contained in Chapter 119, 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: *X Reg Ackley   Pres*   *9/14/06*