

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000032983**

1. Corporation Name

**TOTAL IMAGE GRAPHICS INC.**

Principal Place of Business

Mailing Address

725 BROOKSIDE DRIVE  
INDIALANTIC FL 32903

725 BROOKSIDE DRIVE  
INDIALANTIC FL 32903

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/27/2001

5. FEI Number

13-4164242

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
D	ACKLEY, RAYMOND	725 BROOKSIDE DRIVE	INDIALANTIC FL 32903

200024988882  
11/20/03--01060--011 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ACKLEY, RAYMOND  
725 BROOKSIDE DRIVE  
INDIALANTIC FL 32903

Name

Timothy Jon Mitts

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

5934 Best Pine Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32822

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10-19-03

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:

*[Signature]*  
RAY ACKLEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-223 7437

CR2E040 (7/03)

**MITTS & CO INC**

156 Grandview Avenue  
Nanuet, New York 10954  
(845)732-8150  
(800)732-8150  
tmitts@taxation.com

Tuesday, October 21, 2003

To: Secretary of State

From: Timothy Jon Mitts

Re: P01000032983

I request, that the reinstatement fee be waived. I was not given any prior notice of any delinquency. The dissolution paper was the first I have heard of this problem.

I have attached a check in the amount of \$150 per your office instructions.

Sincerely,



Timothy Jon Mitts

# State of Florida Department of State

## CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2003 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 19, 2003.

Corporation Name: TOTAL IMAGE GRAPHICS INC.

Document Number: P01000032983

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
19<sup>th</sup> day of September, 2003.



*Glenda E. Hood*

Glenda E. Hood  
Secretary of State