

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 14 AM 8:00

DOCUMENT # **P01000055987**

1. Corporation Name

GRAPHVIC PRODUCTIONS, INC.

Principal Place of Business

**3415 NW 47 AVE
COCONUT CREEK FL 33063**

Mailing Address

**3415 NW 47 AVE
COCONUT CREEK FL 33063**

REINSTATEMENT 03



500023794235
10/14/03--01060--033 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/2001

5. FEI Number

65-1107419

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
DP	SANDOMIR, VICKI L	3415 NW 47 AVE	COCONUT CREEK FL 33063

8. Name and Address of Current Registered Agent

**SANDOMIR, VICKI L
3415 NW 47 AVE
COCONUT CREEK FL 33063**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Vicki L Sandomir
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/10/03**

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

Vicki L Sandomir
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03 954-972-9557



3415 NW 47th Avenue • Coconut Creek, FL 33063

Phone 954-972-9557 • Fax 954-972-0801 • E-mail graphvic@mindspring.com

October 10, 2003

Glenda E. Hood
Secretary of State
Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, FL 32314-6327

Dear Ms. Hood,

I just received the notice that I failed to file my 2003 corporation annual report/uniform business report. This is the first notice I have received regarding this information. Please accept my check for \$150 and request to file without penalty.

Thank you for your consideration.
Sincerely,

A handwritten signature in cursive script that reads 'Vicki L. Sandomir'.

Vicki L. Sandomir