

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 17 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000070675

1. Corporation Name

SOUTHERN GRAPHIC ROLLER INC.

2. Principal Office Address

8420 EPICENTER BLVD

Suite, Apt. #, etc.

#10

City & State

LAKELAND, FL

Zip

33809

Country

USA

3. Mailing Office Address

8420 EPICENTER BLVD

Suite, Apt. #, etc.

#10

City & State

LAKELAND, FL

Zip

33809

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-18-01

5. FEI Number

59-3731510

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

EDWARD D. HENDERSON

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

11443 AUTUMN WIND LOOP

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

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

Edward D. Henderson

Date 5-11-05

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
P/T	EDWARD D. HENDERSON	<u>11443 AUTUMN WIND LOOP</u>	<u>CLERMONT, FL 34711</u>
V/S	BRENDA I. HENDERSON	<u>11443 AUTUMN WIND LOOP</u>	<u>CLERMONT, FL 34711</u>

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:

Edward D. Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-05

Date

407-719-8847

Daytime Phone #

CR2E081 (01/05)

■ Southern Graphic ■
■ Roller, Inc. ■

Date: 5/11/05

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Southern Graphic Roller Inc.
8420 Epicenter Blvd., #10
Lakeland, FL 33809
407-719-8847

Dear Reinstatement Department,

Due to a mailing address change in 2003, Southern Graphic Roller Inc. has not received a Corporate Filing Notice since that time. We respectfully request that you waive the reinstatement fee of \$600.00. Thank you.

Ed Henderson

407-719-8847
