


PS 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   |                      |  |                      |
|---|----------------------|--|----------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>  |                      |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                      |
| <b>DOCUMENT # P02000038052</b>  |                      |  |                      |
| 1. Corporation Name<br><b>GRAPH X PRINTING INC<br/>16 NORTH OLEANDER ST<br/>FELLSMERE, FL 32948</b> |                      |  |                      |
| 2. Principal Office Address<br><b>16 NORTH OLEANDER ST</b>  |                      | 3. Mailing Office Address<br><b>PO BOX 1421</b>  |                      |
| Suite, Apt. #, etc.   |                      | Suite, Apt. #, etc.  |                      |
| City & State<br><b>FELLSMERE FL</b>   |                      | City & State<br><b>FELLSMERE FL</b>  |                      |
| Zip<br><b>32948</b>   | Country<br><b>US</b> | Zip<br><b>32948</b>  | Country<br><b>US</b> |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT D3-05

5/22/03 90171 045 150

|  |  |  |
|--|--|--|
| 4. Date Incorporated or Qualified<br>To Do Business in Florida <b>04/01/02</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. FEI Number<br><b>02-0572714</b>   |  |  |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required<br>for a Certificate of Status |  |  |

|   |  |                                       |
|---|--|---------------------------------------|
| 7. Name and Address of Current Registered Agent                               |  |                                       |
| Name <b>GWEN Y LANDERS EA</b>   |  |                                       |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>2015-B 9th ST SW</b> |  |                                       |
| Suite, Apt. #, Etc.   |  |                                       |
| City <b>VERO BEACH</b>  |  | State <b>FL</b> Zip Code <b>32962</b> |

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03/15/05--01050--019 \*\*300.75

|   |                                      |   |                                       |
|---|--------------------------------------|---|---------------------------------------|
| 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<br>Registered Agent <i>Gwen Y Landers EA</i>   |                                      | Date <b>3/1/05</b>                                |                                       |
| 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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip                    |
| P   | MICHAEL E. BARONE                    | PO BOX 1421                                       | FELLSMERE, FL 32948                   |
| VP  | DONNA M. BARONE                      | PO BOX 1421                                       | FELLSMERE, FL 32948                   |
|   |                                      |   |                                       |
|   |                                      |   |                                       |
|   |                                      |   |                                       |
|   |                                      |   |                                       |
| 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: <i>Michael E. Barone</i>   |                                      | Date <b>3/1/05</b>                                | Daytime Phone # <b>(772) 571-1010</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>MICHAEL E. BARONE</b>  |                                      |   |                                       |

CR2E081 (01/05)

PS 2 32

**GRAPHX PRINTING, INC.  
PO BOX 1421  
FELLSMERE, FL 32948**

March 1, 2005

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

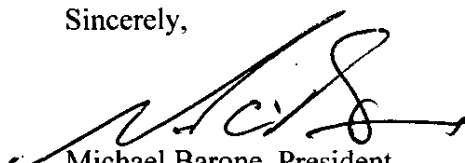
Re: P02000038052  
Corporation Reinstatement

Dear Sir or Madam:

Please accept this letter, completed Corporation Reinstatement Form and our check in the amount of \$308.75 for the purpose of reinstating our corporation to good standing. We are aware that the corporation was administratively dissolved on 9/19/03 and respectfully request your waiver of reinstatement fees for the following reason. Our accountant was informed that our 2003 annual report was returned to us in June 2003 for some corrections. The address currently on file is our physical location on Oleander Street in Fellsmere, FL but there is no mail receptacle at this address. Consequently, we never received the return mail to correct the annual report. Furthermore, we have received no other notices since that date. The \$150 fee was however received and applied to our account for 2003.

As per the instructions of your representative, Michelle Milligan, we submit this date the completed reinstatement form and our payment. \$150 is for the 2004 annual fee, \$150 is for the 2005 annual fee and we request a Certificate of Status. We trust this will put our corporation back in good standing with the Division of Corporations. Should further information be required please contact our accountant, Gwen Landers, immediately. She may be reached at 772-770-2200. We enclose her business card with this mailing as well. We appreciate the consideration given to our request.

Sincerely,

  
Michael Barone, President  
GraphX Printing, Inc.