

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 29 PM 3:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 02 0000 99481**

1. Corporation Name

STUDIO GRAPHICO MARKETING AND ADVERTISEMENT, INC.

2. Principal Office Address

3773 N. FEDERAL HWY

3. Mailing Office Address

Suite, Apt. #, etc.

209

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/2002

5. FEI Number

03-0482397

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

EURIPEDES B. DA SILVA

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

16790 SW 14th STREET

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33027

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

REGISTERED AGENT MUST SIGN

Date

4/7/2004

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	EURIPEDES B. DA SILVA	16790 SW 14TH STREET	PEMBROKE PINES, FL 333027

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/2004

(954) 274-5957

CR2E081 (01/04)

GB

Eof

Studio Graphico Marketing and Advertising, Inc.

3773 N. FEDERAL HWY #209 POMPANO BEACH, FL 33064

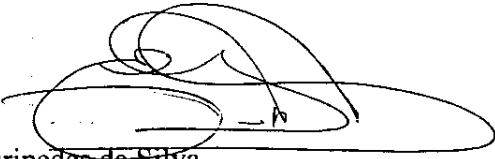
Dear Sir/Madam:

I would like to inform you that I never received the annual report of 2003. I moved last year and my be this report was not forwarded to my new address, Their for I ask you to waive the penalty and reinstate my corporation with the regular fee payment of \$150.00.

Thank you so much for your attention and cooperation.

If you need any information please contact at (954) 423-7300

Best Regards,



Euripedes da Silva