

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 OCT 17 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000105257**

1. Corporation Name

STETSON OFFSHORE GRAPHICS, INC.

Principal Place of Business

Mailing Address

2761 NORTHEAST 12 STREET
POMPANO BEACH FL 33062

2761 NORTHEAST 12 STREET
POMPANO BEACH FL 33062

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

09/25/2002

5. FEI Number

151-0428810

Applied For

Not Applicable

6. 51-0428810

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STETSON, LISA	2761 NORTHEAST 12 STREET	POMPANO BEACH FL 33062

8. Name and Address of Current Registered Agent

STETSON, LISA
2761 NORTHEAST 12 STREET
POMPANO BEACH FL 33062

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/11/03**

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/03 **954/415/7139**
Date Daytime Phone #

CR20040 (7/03)

10/11/03

To Whom It May Concern,

I did not receive any information
by mail prior to ~~receiving~~ this notice.

The Agent I spoke with on Friday
the 10th of October said to
enclose a check for \$150.00 along
with this letter and it would
satisfy the situation.

Sincerely,

K.J. Stetson

Stetson Offshore Graphics

P.S. Attached is my CPA's
Name & number, for
YOUR CONVENIENCE.

STETSON OFFSHORE GRAPHICS
2761 N.E. 12TH STREET
POMPANO BEACH, FL 33062
(954) 415-7139



Dannelly & Company

- Certified Public Accountant -

Sean Dannelly, C.P.A.

Phone: (954) 973-0040 • Fax: (954) 252-2370

e-mail: sdannelly@bellsouth.net

2717 West Cypress Creek Road
Ft. Lauderdale, Fl. 33309