PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000122969

1. Corporation Name

APACHE GRAPHICS, INC.

Principal Place of Business

Mailing Address

5113 LAWTON CT.

5113 LAWTON CT.

FILED

04 JUN 14 PM 2: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TAMPA FL 33624			TAMPA FL 33624						
If above a	addresses are	incorrect in any way, line th	rough incorrect in	nformation a	and enter correction below.		PATEMENT	63-04	
					ng Office Address, If Applicable		orated or Qualified ness in Florida	11110000	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			11/11/2002 5. FEI Number Applied For		
City & State	· ·		City & State					Not Applicable	
Zip Country			Zip Country		Country	6: S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprof	fit corporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
D`	ROBERTS, PAUL S			5113 LAWTON CT.		TAMPA FL 33624			
	1								
				50 04/19/			0033093376 /0401068004 **150.00		
				SC 06/18.			0033093376 0401050002 **158.75		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
. Name						**			
ROBERTS, PAUL S 5113 LAWTON CT.					Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33624					Suite, Apt. #, Etc.				
City .						State Zip Code			
10. I, being	g appointed th	ne registered agent of the ab	ove named corpo	oration, am	familiar with and accept the o	obligations of Sect	ion 607.0505, F.S. or 617.05	05, F.S.	
Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date		
		- Affice a su alimente y an Maria					onto: 607 or 617 F.C. Livetha		

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

E

Apache Graphics, Inc. PO Box 9847 Tampa, Florida 33604

April 15, 2004

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

RE: Document # P02000122969

To Whom It May Concern:

I Paul Roberts, Director of Apache Graphics, Inc., did not receive prior UBR notices. Request that you please waive the penalty. Please fine enclosed check number 2482 for \$150 along with the application for reinstatement. Thank you.

Sincerely.

Paul Roberts

Director __

Enclosure

PR/dlk