

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 29 AM 11:09

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000038236

1. Corporation Name

ULTIMATE GRAPHICS, INC.

2. Principal Office Address - No P.O. Box #

20421 SW 51 STREET

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

Zip

33332

Country

BROWARD

3. Mailing Office Address

20421 SW 51 STREET

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

Zip

33332

Country

BROWARD

REINSTATEMENT

CR2E081 (1/07)

04-07

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/2003

5. FEI Number

13-4246495

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

JUDITH RIVEROS

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

20421 SW 51 STREET

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33332

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Judith Riveros
REGISTERED AGENT MUST SIGN

Date 08/23/2007

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
PD	LEANDRO ALFONSO PINZON	20421 SW 51 STREET	FORT LAUDERDALE, FL 33332
	<i>\$1831</i>		800108788928 08/29/07--01046--009 **1000.00
			800108788928 08/29/07--01046--010 **200.00

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 contained in Chapter 119, 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:

Leandro Alfonso Pinzon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/23/2007

Date

(786) 326-1475

Daytime Phone #