

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 10 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

200137791762

11/10/08--01041--024 **300.00
CH2E081 (10/08)

DOCUMENT # P03000112211

1. Corporation Name

Energy Graphics Inc.

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

809 Mercado Ave

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32807

Country

USA

3. Mailing Office Address

809 Mercado Ave

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32807

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/10/2003

5. FEI Number
20-0309110

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

Shannon Willard Danford

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

809 Mercado Ave

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32807

☒ 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

Shannon Willard Danford

Date 11/5/2008

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Shannon Willard Danford	809 Mercado Ave	Orlando, FL 32807

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:

Shannon Willard Danford

11/5/2008

407-267-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #