

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 DEC -8 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000138693420  
12/08/08--01057--009 \*\*\*300.00

**REINSTATEMENT**  
07-08<sup>ks</sup>

DOCUMENT # P04 0000 76087

1. Corporation Name

Ultimate Tech Graphics, Inc.

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

2265 SW 183 Terr.

Suite, Apt. #, etc.

3. Mailing Office Address

2265 SW 183 Terr.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

Zip

33029

Country

USA

Zip

33029

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

201110307

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

Hector Centeno

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

2265 SW 183 Terrace

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33029

☒ 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

*Hector Centeno*

REGISTERED AGENT MUST SIGN

Date 12-05-08

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	IRELIO REYES	2265 SW 183 Terr	Miramar, FL 33029
VP	HECTOR CENTENO	2265 SW 183 Terr	Miramar, FL 33029
S	DAEL V. REYES	2265 SW 183 Terr	Miramar, FL 33029

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:

*Hector Centeno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/05/08

Date

305-216-3364

954-374-7183

Daytime Phone #