PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # PO4 0000 76007 1. Corporation Name O Him Ode Tech Graphics , Inc. 2 Principal Office Address : No P.D. Box # 2 Principal Office Address : No P.D. Box # 2 Principal Office Address : No P.D. Box # 2 Principal Office Address : No P.D. Box # 2 Principal Office Address : No P.D. Box # 2 Principal Office Address : No P.D. Box # 2 Sub, N. R.F. # Sub, N. R.F. # Sub, N. R.F. # Sub, N. R.F. # 1 Duals Incorporated or Qualified To De Business in Florida To De Business To De Business To F		PORATION STATEMEN		Ø)	DEPART secretary	of St	ate	TATE		08 DEC -8 PM 12: 29	
2. Principal Office Address - No P.O. Box # 2265 SW 183 Terr. Sulte, Apt. #, etc. Sulte, Ap	4 A							GLORETARY OF STATE TALLAHASSEE. FLORIDA			
Sule, Apt. #, etc. Sule,	Oltimate Tech Graphics, Inc.							000138693420 12/08/0801057009 ***300.00			
City & State Miramary, FL Moramary, FL Mo	2. Principal 2265	_						REINSTATEMENT 07-08			
Miramar, FL Zip 3300 Country 3300 Country 3300 Sate Country 3300 Sate Country 3300 Sate Country 3300 Sate Country 3400 Sate Country 3500 Sate Coun		etc.									
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. Signature of Registered Agent Precision of Street Address of Each Officer and/or Directors Signature of Officers and/or Directors Officers and/or Directors Signature of Officers and/or Directors Miramar, FL330229 10. Locatify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapte 607 or 617, F.S. I further certify that when filtrey this reinstatement application, the reason for dissolution has been allerinated, the components name astatisfies the requirements of section 607, 0401 or 617,0401, F.S., that all fees owed by the obserpated and the anames of Individuals issed on this form on one exemption contained in Chapter 119, F.S. The information inciditated on this application is true and accurate, and my signature shall have	Miramar, FL			1 -	Miramar, FL			<u>ا</u>			
Name Hearton Centreso Street Address (P.O. Box Number is Not Acceptable) 22.65 Sw 183 Terrace Suto, Apt. #, Etc. City Mileanae Flat State 2/2 Code FL 3302Q 8. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.050s or 617.050s, F.S. Signature of Registered Agent Registered Agent Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Titles Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. DAEL V. REYES 2265 Sw 183 Terr Miramar, FL33029 10. Lecrity 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 frees owned by the open paid and the names of Individuals islad 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, find my signature shall tage the same legal effect as if made under oath. 10. Lecrity that I am an officer or director or the receiver or trustee empowered to execute this application contained in Chapter 119, F.S. The information indicated on this application is true and accurate, find my signature shall tage the same legal effect as if made under oath. 10. Lecrity that I am an officer or director or the receiver or trustee empowered to execute this application contained in Chapter 119, F.S. The information indicated on this application is true and accurate, find my signature shall tage the same legal effect as if made under oath. 10. Lecrity that I am an officer or director or the same legal effect as								4	CERTIFICATE OF STATUS DESIRED. SOUL ACCOUNTS ACC		
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