

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 MAY 25 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P22157

1. Corporation Name

Kreber Graphics, Inc.

2. Principal Office Address

P.O. Box 236010

Suite, Apt. #, etc.

City & State

Columbus, OH

Zip

43223-6010

Country

U.S.A

3. Mailing Office Address

P.O. Box 236010

Suite, Apt. #, etc.

City & State

Columbus, OH

Zip

43223-6010

Country

U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/16/88

5. FEI Number

31-4364062

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

Francis R. Kreber

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

9811 Gulfshore Drive

Suite, Apt. #, Etc.

201

City

Naples

State

FL

Zip Code

34108

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

Francis R. Kreber
REGISTERED AGENT MUST SIGN

Date 5-7-01

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
T	Francis R. Kreber	9811 Gulfshore Drive #201	Naples, FL 34108
P/S	John F. Kreber	2276 Abington Road	Columbus, OH 43221
CEO	James G. Kreber	4885 Lytfield Drive	Dublin, OH 43017

REINSTATEMENT 93-01

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 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

5.7.01

Date

614-228-5501

Daytime Phone #

CR2E081 (9/00)