PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 26 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000084829

1. Corporation Name

TRI-GRAPHICS, INC.

Principal Place of Business	Mailing Address
~~819 PINEDALE ROAD~~ ~~STE. 200~~ ~~FORT WALTON BEACH FL 32547~~	~~819 PINEDALE ROAD~~ ~~STE. 200~~ ~~FORT WALTON BEACH FL 32547~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 1996 mwB

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: Ste. A, 320 Bayshore Dr.	Suite, Apt. #, etc.: P. O. Box 1300
City & State: Niceville FL	City & State: Ft. Walton Bch FL
Zip: 32578 Country: USA	Zip: 32549-1300 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/1994

5. FEI Number: ~~59-0196148~~ 59-3212037 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	DRIVER, CATHY A	~~151 ELDREDGE ROAD~~ 1003 Highgrove Ct.	FORT WALTON BEACH FL 32547
			100002042251---4
			-12/31/96--01061--007
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

DRIVER, CATHY A
819 PINEDALE ROAD
STE. 200
FORT WALTON BEACH FL 32547

9. Name and Address of New Registered Agent

Name: Driver Cathy A.
Street Address (P.O. Box Number is Not Acceptable): 1003 Highgrove Ct.
Suite, Apt. #, Etc.:
City: Ft. Walton Bch State: FL Zip Code: 32547

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Cathy A. Driver REGISTERED AGENT MUST SIGN Date: 10/1/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Cathy A Driver 10/1/96 904863-9728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006847 AF