

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 DEC -5 AM 10:34

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12/05/08--01038--012 \*\*2108.75

REINSTATEMENT 95-08  
CR2E081 (10/08)

DOCUMENT #

P94000006043

1. Corporation Name

Diversified Graphic Sales & Service Inc.

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

4747 King Lake Dr

3. Mailing Office Address

PO Box 152664

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Land-O-Lakes, Florida

City & State

Tampa, Florida

Zip

34639

Country

USA

Zip

33684

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/14/1994

5. FEI Number

59-3229515

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

David Castillo

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

4747 King Lake Drive

Suite, Apt. #, Etc.

City

Land-O-Lakes

State

FL

Zip Code

34639

☒ 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

Date 12/2/2008

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
D	David Castillo	4747 King Lake Dr	Land-O-Lakes, FL 34639

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:

David Castillo 12/2/2008 813-240-0810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/8