

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P94000012029**

1. Corporation Name

**MULTIMEDIA GRAPHICS, INC.**

Principal Place of Business

Mailing Address

28 NW 47TH AVE  
MIAMI FL 33126  
US

9545 SW 47TH STREET  
MIAMI FL 33165  
US

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

2. New Principal Office Address, If Applicable

1540 S.W. 120 Terr

Suite, Apt. #, etc.

DAVE.

City & State

DAVE FL.

Zip

33325

Country

USA

3. New Mailing Office Address, If Applicable

1540 S.W. 120 Terr.

Suite, Apt. #, etc.

DAVE.

City & State

DAVE FL.

Zip

33325

Country

USA

**REINSTATEMENT 03**



000024213290

10/28/03--01064--019 \*\*750.00

4. Date Incorporated or Qualified To Do Business in Florida

02/14/1994

5. FEI Number

65-0497583

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DUQUE, CARLOS	9545 SW 47TH ST.	MIAMI FL 33165

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUQUE, CARLOS  
9545 SW 47TH ST.  
MIAMI FL 33165

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*Carlos B. Duque*

Date

REGISTERED AGENT MUST SIGN

11. 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:

*Carlos B. Duque* CARLOS B. DUQUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-03

Date

Daytime Phone #

CPRE040 (7/03)