

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP -9 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000053273**

1. Corporation Name

COTTRELL GRAPHIC SYSTEMS, INC.

2. Principal Office Address

15647 136 TERR. N.

Suite, Apt. #, etc.

3. Mailing Office Address

15647 136 TERR. N.

Suite, Apt. #, etc.

City & State

JUPITER

City & State

JUPITER

Zip

33478

Country

PALM BEACH

Zip

33478

Country

PALM BEACH

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/1994

5. FEI Number

650504892

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

ROBERT P. COTTRELL

100022886021

09/09/03--01071--001 **908.75

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

15647 136 TERR. N.

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33478

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

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
PRES	ROBERT P. COTTRELL	15647 136 TERR. N.	JUPITER, FL. 33478

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:

ROBERT P. COTTRELL

9.8.2003 5617480864

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)