

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



APPROVED
AND
FILED

98 DEC 21 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000078401**

1. Corporation Name

EXECUTIVE GRAPHICS, INC.

Principal Place of Business

3361 SW 3RD AVENUE
MIAMI FL 33145
US

Mailing Address

3361 SW 3RD AVENUE
MIAMI FL 33145
US



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

REINSTATEMENT 98

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/25/1994

5. FEI Number

65-0531749

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	BEER, JENNIFER	3361 SW 3RD AVENUE	MIAMI FL
V	BAMBERGER, IVOR	3361 SW 3RD AVE	MIAMI FL

100002724181--8
-12/23/98--01000-000
****750.00 ****750.00

12/21

8. Name and Address of Current Registered Agent

MADORSKY, MARSHA G.
2665 SOUTH BAYSHORE DR., SUITE 602
MIAMI FL 33133 --

9. Name and Address of New Registered Agent

Name
JENNIFER BEBER
Street Address (P.O. Box Number is Not Acceptable)
3361 SW THIRD AVE
Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33145

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

REGISTERED AGENT MUST SIGN

Date **12/16/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Beber

Date

12/16/98

Daytime Phone #

(305) 856-9800

CR2040 (9/98)