

1052

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 21 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 995000010841

1. Corporation Name

Para-Graphic Designs, Inc.

1996-2003
4BR

000023966380

10/21/03--01042--014 **1273.75

96-03

2. Principal Office Address

19593 NE 10th Ave.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

Same

City & State

Miami FL

City & State

11

Zip

33179

Country

Dade

Zip

33179

Country

Dade

4. Date incorporated or Qualified
To Do Business in Florida

02-06-95

5. FEI Number

NONE

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

Lucricia Woodside

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

19593 NE 10th Ave. #A

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33179

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

REGISTERED AGENT MUST SIGN

Date 10-9-03

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. | Lucricia Woodside | 13575 NE 10th Ave. #A Miami, FL 33179 | N. Miami, FL 33161 |
| Secy | Cynthia Ordine | 470 NW 214 St. #104 Miami FL 33169 | Miami FL 33169 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03

Date

305 690 4328

Daytime Phone #

CR2E081 (10/02)

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2052



19593 N.E. 10th Ave., #A • Miami, FL 33179 • (305) 690-4328 • Fax: (305) 655-1515 • E-mail: evpenny@bellsouth.net

October 9, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Enclosed is check number 4943, in the amount of \$1,273.75 and an application for reinstatement for Para-Graphic Designs, Inc. An additional fee of \$8.75 is included for the Certificate of Status.

Please be advised previous notification for filing was not received.

Thank you in advance for your assistance in resolving this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Lucricia Woodside", written over a horizontal line.

Lucricia Woodside
President