

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -5 AM 8:42


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100035534911

05/05/04--01048--002 \*\*300.00

03-04

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P45000070081

1. Corporation Name

SPOT GRAPHIX, INC

2. Principal Office Address

2414 CORAL WAY, TALLAHASSEE, FL

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33145

Country

USA

3. Mailing Office Address

2414 CORAL WAY, TALLAHASSEE, FL

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33145

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/12/95

5. FEI Number

650609731

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 E. BRICKER

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

255 SW 31 RD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

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 APRIL 28, 2004

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	DAVID E. BRICKER	255 SW 31 RD	MIAMI, FL 33145

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

4/28/04

Date

305-908-1350

Daytime Phone #

CR2ED01 (01/04)

6

20f2

PLEASE WAIVE THE REINSTATEMENT FEE. I DID NOT  
RECEIVE ANY NOTICES OF DISSOLUTION.

THANKS,

DAVID BRICKER

305-908-1373