

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN -2 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000072606**

1. Corporation Name

Grafix, Inc.

2. Principal Office Address

11426 W. Sample Rd.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

Country

33065 USA

3. Mailing Office Address

11426 W. Sample Rd.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

Country

33065 USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/95

5. FEI Number

65-0612014

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

Rafael de la Cruz

200003342652-7

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

11426 W. Sample Rd.

-08/01/00--01087--001

*****1208.75 ***1208.75**

Suite, Apt. #, Etc.

City

Coral Springs

State
FL

Zip Code

33065

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

X Rafael de la Cruz

REGISTERED AGENT MUST SIGN

Date **5/31/00**

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
P/D	Rafael de la Cruz	11426 W. Sample Rd.	Coral Springs, FL 33065
VP/D	Charles de la Cruz	11426 W. Sample Rd.	Coral Springs, FL 33065
Sec/D	Elfrida De La Cruz	11426 W. Sample Rd.	Coral Springs, FL 33065
		REINSTATEMENT	97-00

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:

X Rafael de la Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/00

Date

954-340-6334

Daytime Phone #

CP2E081 (9/99)