

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 OCT 19 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000094103**

1. Corporation Name

PRISM GRAPHICS, INC.

Principal Place of Business

7807 BRIDLINGTON DRIVE
BOYNTON BEACH FL 33437

Mailing Address

7807 BRIDLINGTON DRIVE
BOYNTON BEACH FL 33437

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0630031

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	APPEL, JEFFREY	7807 BRIDLINGTON DRIVE	BOYNTON BEACH FL 33437
P	APPEL, ALICIA	7807 BRIDLINGTON DR	BOYNTON BCH FL

300003027193--3
-10/27/99--01108--003
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

APPEL, ALICIA
7907 BRIDLINGTON DRIVE
BOYNTON BEACH FL 33437

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

Alicia Appel

REQUIRED

Date 10/14/99

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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:

Alicia Appel ALICIA APPEL

Date

10/14/99

Daytime Phone #

561-641-4700

CR2E040 (8/99)