

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 24 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P960000014136

1. Corporation Name

STAR GRAPHICS GROUP INC

2. Principal Office Address

7600 131st St. N

3. Mailing Office Address

7600 131st St. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seminole FL

City & State

Seminole FL

Zip

33776

Country

USA

Zip

33776

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-9-96

5. FEI Number

59-3361887

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

Gerold J. Peters

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

14462 91st Ave N

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33776

300007078093--4

08/13/02-0105--018

***1050.00 ***1050.00

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

Gerold J. Peters

REGISTERED AGENT MUST SIGN

Date 6-19-02

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
PRESIDENT	Gerold J. Peters	14462 91st Ave N	Seminole FL 33776
VP	Elizabeth K. Peters	14462 91st Ave N	Seminole FL 33776
Sec	Amy Verdensky	8034 Bayhaven DR	Seminole FL 33776

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.

Gerold J. Peters

SIGNATURE:

Gerold J. Peters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-02 727-867-9388

Date

Daytime Phone #

CR2E081 (9/01)