

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG 22 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA0000015341

1. Corporation Name

FORTUNE 31 GRAPHICS, INC.

Principal Place of Business

Mailing Address

2901 West Oakland Pk Blvd
Suite B 11
Fort Lauderdale, FL 33311

Same

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

2. New Principal Office Address, If Applicable

2901 W. Oakland Pk Blvd.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B 11

City & State

Ft. Lauderdale, FL

City & State

Zip

33311

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/96

5. FEI Number

65-0659357

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRESIDENT	ANGÉLIQUE G. EDWARDS	6850 NW 2nd Avenue, #32	Boca Raton, FL 33487
CEO	EDWARD J. HAMILTON	15780 Sunward Street	West Palm Beach, FL 33414
sec/ TREAS.	CAROLYN HAMILTON	"	"
			400002277074--3 -08/26/97--01019--005 ***\$85.00 ***\$85.00

8. Name and Address of Current Registered Agent

ANGÉLIQUE G. EDWARDS
6850 NW 2nd Avenue, Unit #32
Boca Raton, FL 33487

9. Name and Address of New Registered Agent

Name

SAME AS #8

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 607.0505, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

8/14/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

ANGÉLIQUE GILLIAN EDWARDS

Date

8/14/97

Daytime Phone #

(954) 730-9970

CPCE040 (12/96)