

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 NOV 17 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000025131

1. Corporation Name
F D G GRAPHICS, INC.

Principal Place of Business

1590 NE 125TH TER
UNIT #4
MIAMI FL 33181

Mailing Address

1590 NE 125TH TER
UNIT #4
MIAMI FL 33181

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

2. New Principal Office Address, If Applicable
1939 NE 147 LANE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1939 NE 147 LANE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 03/18/1996

5. FEI Number 65-0673604
Applied For
Not Applicable

City & State
MIAMI, FL
Zip 33181 Country USA

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MIAMI, FL
Zip 33181 Country USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	FRANKLIN D. GRIER	1939 NE 147 LANE	MIAMI, FL 33181

8. Name and Address of Current Registered Agent

GRIER, FRANKLYN D
1590 NE 125TH TER 1939 NE 147 LANE
UNIT #4 No. MIAMI, FL 33181
MIAMI FL 33181

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1939 NE 147 LANE
Suite, Apt. #, Etc.
City MIAMI, State FL Zip Code 33181

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 10/31/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. 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]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/30/97 Daytime Phone #

CR2E040 (9/97)