

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -8 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

996000064713

1. Corporation Name

Graphic Arts Network Inc.

400009942574

01/08/03--01020--001 **1358.75

REINSTATEMENT 99-03

2. Principal Office Address

87 SW 18 Road

3. Mailing Office Address

PO Box 432900

Suite, Apt. #, etc.

rear

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

South Miami, FL

Zip

33129

Country

USA

Zip

33243-2900

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1996

5. FEI Number

65-0691824

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

Jeff Borg

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

87 SW 18 Road

Suite, Apt. #, Etc.

rear

City

Miami

State

FL

Zip Code

33129

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

REGISTERED AGENT MUST SIGN

Date 01/06/2003

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
PSTD	Borg, Jeff	87 SW 18 Road, rear	Miami, FL 33129

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Borg

01/06/2003

Date

1.305.541.5373

Daytime Phone #