

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB -4 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97 0000 37164

1. Corporation Name

Boca Graphic Design, Inc.

*[Handwritten signature]*

600004911616--7

-02/12/02--01049--013

\*\*\*1350.00 \*\*\*1350.00

**REINSTATEMENT 98-02**

2. Principal Office Address

9907 Spanish Isles Dr

Suite, Apt. #, etc.

3. Mailing Office Address

9907 Spanish Isles Dr

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33496

Country

USA

City & State

Boca Raton, FL

Zip

33496

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/24/1997

5. FEI Number

65-0747467

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Erin C. Kopplin

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

9907 Spanish Isles Dr

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33496

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

*[Handwritten signature: Erin C. Kopplin]*

Date 2/1/02

REGISTERED AGENT MUST SIGN

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
D	Oliver Kopplin	9907 Spanish Isles Dr	Boca Raton, FL, 33496
D	Erin C. Kopplin	9907 Spanish Isles Dr	Boca Raton, FL 33496

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: *[Handwritten signature: Oliver Kopplin]* Oliver Kopplin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-2002

Date

561-482-7783

Daytime Phone #

CR2E081 (9/01)