

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000039509

1. Corporation Name

MARIELA GRAPHICS, INC.

Principal Place of Business

9815 W. SAMPLE RD.
CORAL SPRINGS FL 33065
US

Mailing Address

9815 W. SAMPLE RD
1818 SOUTH AUSTRALIAN AVENUE
CORAL SPRINGS FL 33065
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0753538

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WERNICK, HOWARD	9815 W. SAMPLE RD.	CORAL SPRINGS FL 33065

700008810897
11/05/02--01094--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WERNICK, HOWARD
9815 W. SAMPLE RD.
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

(954)
10/29/02 796-0031



Printing "For The Job You Needed Yesterday"

**MINUTEMAN
PRESS®**

10/30/02

Gentlemen:

We are in receipt of your Notice of Dissolution. We received today & I am responding quickly.

We have received no other notices I do not understand. We have been in business 5 years & have never failed to file. I have marked my calendar for 2003 in Jan, 10th to make sure we never do this again.

Please forgive the fees this one time only. The completed forms and a check for \$150.00 is enclosed. Thank you for your understanding & cooperation.

Maria A Graphics