


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 31 PM 1:05

DOCUMENT # **P98000010677**

1. Corporation Name

**GRAPHTECH PRINTERS, INC.**

Principal Place of Business

6883 S.W. 40TH ST  
MIAMI FL 33155

Mailing Address

6883 S.W. 40TH ST  
MIAMI FL 33155



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

02/03/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0809953

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
C	PEREZ, PEDRO J	6600 S.W. 43RD STREET	MIAMI FL 33155
VD	SANCHEZ, MARIETTA	6600 S.W. 43RD STREET	MIAMI FL 33155
PD	JOSE A PEREZ	6600 S.W. 43rd Street	MIAMI FL 33155

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-11/27/01--01003--019

\*\*\*\*408.75 \*\*\*\*408.75

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANCHEZ, MARIETTA  
6800 S.W. 40TH ST  
SUITE 388  
MIAMI FL 33155

Name

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

*Handwritten signature of Marietta Sanchez*  
REGISTERED AGENT MUST SIGN

Date **10-23-01**

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:

*Handwritten signature of Jose A Perez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-23-01 305-609-1415**

CR2E040 (8/01)



**Graphtech**  
Printers, Inc.

Dear Florida Department of State, as per our Telephone conversation, enclosed Please find the Checks Stubs of Checks we send to you, only one was cash the second one for \$408.75 was not I was Kind of concern that it was not cash till now I receive this Notice of Dissolution of our Company, here I'm sending you again another Check this time Certified mail so it wont get loss; Please reactivate our Company and I apologize for any enconvenience, Thank you for your prompt attention to this matter.