

Nov 21 00-12:37p

p. 1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC 11 PM 5:52

**DOCUMENT #**

1. Corporation Name

*p98000103526*

Amerigraphic USA, Inc.

**2. Principal Office Address**

3100 N.W. 72 Ave.

**3. Mailing Office Address**

Same as No. 2

Suite, Apt. #, etc.

Miami, Florida

Suite, Apt. #, etc.

City & State

City & State

Zip

33122

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/11/98

**5. FEI Number**

65-0897597

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

Ana Maria Carrillo

800003509858-3

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

6128 N.W. 74 Ave.

-12/21/00-01021-001

\*\*\*300.00 \*\*\*300.00

Suite, Apt. #, Etc.

Miami, Florida

City

Florida

State

FL

Zip Code

33166

**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

*C. Carrillo*

REGISTERED AGENT MUST SIGN

Date *12/08/00*

**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
P/S	Ana Maria Carrillo	3100 N.W. 72 Ave. Bay 127	Miami, Florida-33122

**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:

*C. Carrillo*

ANA MARIA CARRILLO

12/08/00

Date

12:30p

305 597-7142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



# AMERIGRAPHIC, U.S.A.

*Printing Machinery, Sales and Service*  
*Venta y Servicio de Maquinaria para Artes Gráficas*

Florida-Department of State, - -  
Corporation Reinstatement

Gentlemen:

As per telephone conversation on 11/22/00 with your department  
we are enclosing a cashir check for \$ 300.00 because of the fect  
that we do not received the form on time.

Thank very much,

  
Ana Maria Castillo

Cashir Check No. 500441 attached