

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG -7 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000022763*

1. Corporation Name

KULAY GRAPHIC SYSTEMS, INC.

700007115837--5

-08/14/02--01077--006

***900.00 ***900.00

REINSTATEMENT

2. Principal Office Address

10207 Thicket Point Way

Suite, Apt. #, etc.

3. Mailing Office Address

502 21st Street

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Huntington Beach, CA

Zip

33647

Country

USA

Zip

92648

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida -- *3/11/1999*

5. FEI Number

593565124

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

Bonnie Wagner

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

10207 Thicket Point Way

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33647

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

Bonnie Wagner
REGISTERED AGENT MUST SIGN

Date

Aug. 5, 2002

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.	<i>Donald P. Lightfoot</i>	<i>502 21st Street</i>	<i>Huntington Beach CA 92648</i>

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:

Donald Lightfoot DONALD LIGHTFOOT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-02

Date

714816-2229

Daytime Phone #

CR2E081 (9/01)