

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 28 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000099807

1. Corporation Name

RAJ GRAPHICS ENTERPRISES INC.

2. Principal Office Address

4413 GALL BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

4413 GALL BLVD.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FLORIDA

City & State

ZEPHYRHILLS, FLORIDA

Zip

33541

Country

USA

Zip

33541

Country

USA

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

Nov 15, 1999

5. FEI Number

59-3611633

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

RAJ . S. GOHIL

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

38722, S. AVN.

Suite, Apt. #, Etc.

City

ZEPHYRHILLS

State

FL

Zip Code

33540

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**

Date 2/24/02

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
P	SURESHWAR SINH GOHIL	38722, S. Avn.	ZEPHYRHILLS/FL/33540
V/O	RAJ SINGH GOHIL	38722, S. Avn.	ZEPHYRHILLS/FL/33540

REINSTATEMENT

T. Lewis 2/28/02

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:

RAJ SINGH GOHIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/02

Date

Daytime Phone #

813 714 0644

CR2E081 (9/01)