

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 JAN -2 AM 7:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V28634**

1. Corporation Name

**CASEY GRAPHICS, INC.**

REINSTATEMENT 02



400008957854  
11/13/02--01024--009 \*\*600.00

Principal Place of Business

23025 HAYMAN RD  
BROOKSVILLE FL 34602  
US

Mailing Address

P.O. BOX 97  
BROOKVILLE FL 34605-0097  
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

04/07/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3121290

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CASEY, RHONDA B	23025 HAYMAN ROAD	BROOKSVILLE FL 34602

300009791763  
01/02/03--01075--011 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASEY, RHONDA B  
23025 HAYMAN RD  
BROOKSVILLE FL 34602

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Rhonda Casey*  
**REGISTERED AGENT MUST SIGN**

Date

11-8-02

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)(l), 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

*Rhonda Casey*  
RHONDA CASEY

Date

Daytime Phone #

11-8-02