

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 SEP 29 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98-76118

1. Corporation Name

GRAFTON ENTERPRISES, INC.

900003417609--0  
-10/06/00--01125--002  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

8212 NW 91 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

3801 N. FEDERAL HWY.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

POMERANO BCH, FL

Zip

33321

Country

US

Zip

33064

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0861342

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

ROBERT F. MAHONEY, CPA

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

3801 NORTH FEDERAL HWY

Suite, Apt. #, Etc.

City

POMERANO BCH

State

FL

Zip Code

33064

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

REGISTERED AGENT MUST SIGN

Date 9/12/00

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
D	JOHN M. CHERVENAK	8212 NW 91 AVE	TAMPA, FL 33321
D	JOHN CHERVENAK	27 GRAFTON DR.	MORRIS PLAINS, NJ 07950
D	CECELIA CHERVENAK	8212 NW 91 AVE	TAMPA, FL 33321

KE

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:

JOHN M. CHERVENAK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

Daytime Phone #

CR2E081 (9/99)

GRAFTON ENTERPRISES, INC.  
3801 NORTH FEDERAL HWY  
POMPANO BEACH, FL 33064

2082

September 8, 2000

Florida Department of State  
PO Box  
Tallahassee, FL 32399

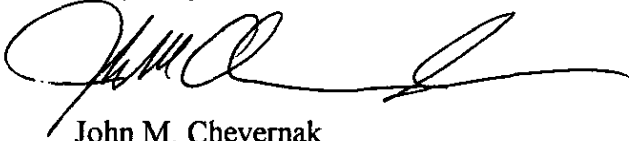
RE: Grafton Enterprises, Inc.  
P9876118

Dear Sirs:

Enclosed is the Reinstatement Application for the above noted organization. Please be advised that we did not receive the Annual Report/Uniform Business Report. Also enclosed is a check in the amount of \$300 for reinstatement.

Thank you.

Very truly yours,



John M. Chevernak  
President