

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 14 AM 2:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S79481**

1. Corporation Name

GRAYSON ASSOCIATES, INC.

99 AD

Principal Place of Business

191 OAKVIEW DR.
 DELRAY BEACH FL 33445
 US

Mailing Address

191 OAKVIEW DR. *1171 NOCEAN BLVD*
 DELRAY BEACH FL 33445 *Gulf Stream,*
 US *FL 33483*



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/10/1991	
City & State		City & State		5. FEI Number	
Zip		Country		06-0845658	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	GRAYSON, ARTHUR I.	1171 N OCEAN BLVD	GULFSTREAM FL 33483

100003077751--9
 12/22/99--01042--001
 ****150.00 ****150.00

TS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GRAYSON, ARTHUR I. 1171 N OCEAN BLVD GULFSTREAM FL 33483		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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.

Signature of Registered Agent _____ **REQUIRED** _____ Date _____

REGISTERED AGENT MUST SIGN

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)(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: _____ **REQUIRED** _____ Date *12/2/99* Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR22C40 (8/99)

11-19-99

Enclosure is a check for \$150.00
for Reinstatement fees for
579481

GRAYSON ASSOCIATES INC
1171 N. OCEAN BLVD
GULF STREAM, FL 33483

Enclosure is copy of address
page showing that it was
sent to wrong address.

Was also told that you have
proof of this so the \$600.00
Reinstatement fee was waived

Thank you