

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 MAR 18 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-04

800030720578
03/18/04--01033--009 **900.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J07261
1. Corporation Name
Gray Systems, Inc.

2. Principal Office Address: 104 S. Palm Avenue
3. Mailing Office Address: P. O. Box 125

Suite, Apt. #, etc. (Blank for both)

City & State: Howey in the Hills, Fl.

Zip: 34737 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/01/1986

5. FEI Number: 59-2651603 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: Fred R. Gray
Street Address (P.O. Box Number is Not Acceptable): 1110 N. Lakeshore Blvd.
Suite, Apt. #, Etc.:
City: Howey in the Hills State: FL Zip Code: 34737

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: *[Signature]* Date: March 14, 2004
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
PTD	Fred R. Gray	1110 N. Lakeshore Blvd	Howey in the Hills, Fl 34737
VSD	Suzanne J. Gray	1110 N. Lakeshore Blvd	Howey in the Hills, Fl 34737

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)(f), 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]* Fred R. Gray President Date: March 14, 2004 352-324-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/04)