

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 20 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD2000057034**

1. Corporation Name

Gray Fox Properties, Inc.

W05 000002922

2. Principal Office Address

8187 South Indian River Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

8187 South Indian River Dr.

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Ft. Pierce, FL

Zip
34982

Country
USA

Zip
34982

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/22/02

5. FEI Number

04-3673468

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

Kenny Fuchs

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

8187 South Indian River Drive

Suite, Apt. #, Etc.

City

Fort Pierce, FL 34982

State
FL

Zip Code
34982

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

Kenny Fuchs
REGISTERED AGENT MUST SIGN

Date **January 18, 2005**

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/D	Kenny Fuchs	8187 S. Indian River Dr.	Fort Pierce, FL 34982
VP/D	James Gray	117 Northwood Drive	Guilford, CT 06437

400045482244
01/27/05--01014--025 **1050.00

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:

Kenny Fuchs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05 772-489-0870

Date

Daytime Phone #

CR2E081 (01/05)