

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 26 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000004168

1. Corporation Name

GRAYBUILD LIMITED CO.

2. Principal Office Address - No P.O. Box #

DUDLEY ROAD

Suite, Apt. #, etc.

HALESOWEN

City & State

WEST MIDLANDS

Zip

B63 3NJ

Country

UK

3. Mailing Office Address

P O BOX 1375

Suite, Apt. #, etc.

City & State

Haines City, FL

Zip

33845

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/2002

5. FEI Number  
74-3059921

☐ 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

LYSANDER THORPE

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

6327 PINEY GLEN LANE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 03/24/2009

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
CPD	GRAYSTON WARD-NIXON	NEEDLERS COTTAGE GREEN LANE	WARWICKSHIRE UK B80-7HD
SEC	DAVID DAVIS	21 DURHAM CLOSE	BROMSGROVE UK B61-8SD

23/30

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 contained in Chapter 119, 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:

DAVID DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/2008

Date

0121-550-0022

Daytime Phone #