

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 DEC -6 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F12872**

**1. Corporation Name**

Graves & Hall, Inc.

1125 8th Street, SW  
1125 8th Street, SW

**2. Principal Office Address**  
1125 8th Street, SW

**3. Mailing Office Address**  
1125 8th Street, SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, Florida

City & State

Vero Beach, Florida

Zip  
32962

Country  
Indian River

Zip  
32962

Country  
Indian River

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/24/1980

**5. FEI Number**

59-2077802

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  
Edward A. Hall

Street Address (P.O. Box Number is Not Acceptable)  
1125 8th Street, SW

Suite, Apt. #, Etc.

City  
Vero Beach

State  
FL

Zip Code  
32962

**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

*E. Hall*

REGISTERED AGENT MUST SIGN

✓ Date 12-3-04

**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	Edward A. Hall	464 E. Tangerine Square, SW	Vero Beach, FL 32968

300043219533  
12/08/04--01067--002 \*\*2400.00

**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**

*E. Hall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-3-04

Date

(772) 567-5959

Daytime Phone #

CR2E081 (01/04)