

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

99 AUG 17 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F16262

1. Corporation Name

Graham Inc

Principal Place of Business

Mailing Address

18001 S.R. 51
Live OAK, FL. 32060

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

2-28-81

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2088033

Applied For

City & State

City & State

Live OAK FL

Not Applicable

Zip

Country

Zip

Country

32060

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Joe Carl	16973 186st	Live OAK, FL. 32060
V. Pres.	Bill Hadden	18482 177 Rd.	Live OAK, FL. 32060
Secy.	Morrine Hadden	18482 177 Rd.	Live OAK, FL. 32060
		98-99 AR T.S.	

400002966084--8
-08/23/99--01003--008
****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Joe Carl
16973 186st
Live OAK, FL. 32060

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Joe Carl

REGISTERED AGENT MUST SIGN

Date

8-17-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Joe Carl Joe Carl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-99
Date

904-776-1048
Daytime Phone #

CR2008 (12/95)

~~2~~
I Never Received The ANNUAL Report

Packet For 1998-1999.

Because of Address. change

Bioshield

Graham INC

8-17-99