


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg 192

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 SEP -6 PM 1:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F98000002448**

1. Corporation Name
GRAYWOLF PROTECTIVE SERVICES, INC.

2. Principal Office Address 8325 HIGHWAY 178		3. Mailing Office Address 5050 POPLAR AVENUE	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. 1710	
City & State OLIVE BRANCH MS		City & State MEMPHIS TN	
Zip 38654	Country USA	Zip 38157	Country USA

REINSTATEMENT *09-00*

4. Date Incorporated or Qualified To Do Business in Florida
4-30-98 QUALIFIED
9-24-99 REVOKED

5. FEI Number
62-1612348

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **CT CORPORATION SYSTEM** **000003405160-7**

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City **PLANTATION** State **FL** Zip Code **33324**

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 **SEE ATTACHED** Date _____

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
P	RICHARD ANDREW WILLIS	8325 HIGHWAY 178	OLIVE BRANCH, MS 38654
S	OLEN M. BAILEY, JR.	5050 POPLAR AVENUE, STE. 1710	MEMPHIS, TN 38157

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: *[Signature]* **SECRETARY** **09/01/00** **901-843-2760**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)


ACCEPTANCE OF REGISTERED AGENT

C T CORPORATION SYSTEM acknowledges and accepts the appointment of

registered Agent for and on behalf of GRAYWOLF, INC. d/b/a GRAYWOLF PROTECTIVE SERVICES, INC., and is familiar with and accepts the obligations of section 607.0505 or 617.0503, F.S.

Dated: 8/29/00

C T CORPORATION SYSTEM


Jonathan L Miles, Asst. Secy