

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 20 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G88881

1. Corporation Name

STEVE GRAFTON'S INTERIOR WORKSHOP, INC.

100025081401
11/26/03--01065--008 **150.00

2. Principal Office Address

1855 Griffin Road

3. Mailing Office Address

1855 Griffin Road

Suite, Apt. #, etc.

Suite #B-254

Suite, Apt. #, etc.

Suite #B-254

City & State

Dania, FL

City & State

Dania, FL

Zip

33004

Country

USA

Zip

33004

Country

USA

REINSTATEMENT 03

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

3/6/84

5. FEI Number

59-2439180

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

STEVE GRAFTON JR.

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

1855 Griffin Road, Suite #B-254

Suite, Apt. #, Etc.

Suite #B-254

City

Dania

State

FL

Zip Code

33004

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

Steve Grafton Jr.
REGISTERED AGENT MUST SIGN

Date 11/19/03

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
PST	Steve Grafton Jr.	3425 N.W. 71st Street	Miami, FL 33147

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: *Steve Grafton Jr.*

STEVE GRAFTON JR.

11/19/03

(954) 922-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

MARK D. COHEN, P.A.

Presidential Circle, Ste. 435-South
4000 Hollywood Blvd.
Hollywood, FL 33021

Telephone: (954) 962-1166

Facsimile: (954) 962-1779

November 19, 2003

Hand-Delivered

State of Florida
Department of State
409 East Gaines Street
Tallahassee, FL 32399

**RE: Steve Grafton's Interior Workshop, Inc.
Document No. G88881**

To Whom It May Concern:

Enclosed is my check in the amount of \$150.00 along with the Application for Reinstatement for the above referenced corporation.

My client never received their Annual Report and we are asking for your consideration in reinstating the corporation.

Thank you for your attention.

MARK D. COHEN, P.A.



Mark D. Cohen, Esq.

MDC/jw
enclosures