

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 18 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-04

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03/18/04--01033--009 **900.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J07261
1. Corporation Name
Gray Systems, Inc.

2. Principal Office Address 104 S. Palm Avenue Suite, Apt. #, etc.		3. Mailing Office Address P. O. Box 125 Suite, Apt. #, etc.	
City & State Howey in the Hills, Fl.		City & State Howey in the Hills, Fl.	
Zip 34737	Country USA	Zip 34737	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 04/01/1986

5. FEI Number 59-2651603 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
Fred R. Gray

Street Address (P.O. Box Number is Not Acceptable)
1110 N. Lakeshore Blvd.

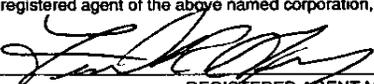
Suite, Apt. #, Etc.

City
Howey in the Hills

State
FL

Zip Code
34737

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.

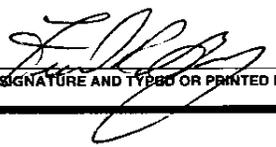
Signature of Registered Agent  Date March 14, 2004

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
PTD	Fred R. Gray	1110 N. Lakeshore Blvd	Howey in the Hills, Fl 34737
VSD	Suzanne J. Gray	1110 N. Lakeshore Blvd	Howey in the Hills, Fl 34737

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)(f), 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:  Fred R. Gray President Date March 14, 2004 352-324-2220

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

CR2E081 (01/04)