

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 25 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K96262

1. Corporation Name

OGF, INC.

2. Principal Office Address

PO BOX 43186

3. Mailing Office Address

PO BOX 43186

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

JACKSONVILLE

Zip

32203

Country

US

Zip

32203

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/89

5. FEI Number

59-2963473

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

MARION GRAHAM

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

5072 PICKETVILLE RD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32254

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

REGISTERED AGENT MUST SIGN

Date 07/23/03

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
PD	MARION GRAHAM JR.	5072 PICKETTville ROAD	JACKSONVILLE, FL 32254

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:

Marion Graham Jr.

MARION GRAHAM JR

7/23/2003

904-764-3219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

7/25