

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 27 PM 12:31

DOCUMENT # P00000025780

**1. Corporation Name**

Grade A Records, Inc

**2. Principal Office Address**

5216 West Chase Ct

Suite, Apt. #, etc.

Apt #3

City & State

JAX FL

Zip

32210

Country

Duval

**3. Mailing Office Address**

P O Box 16952

Suite, Apt. #, etc.

#

City & State

JAX FL

Zip

32245-6952

Country

Duval

REINSTATEMENT 11-02

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

3-15-00

**5. FEI Number**

36-4358280

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

Howard Robinson

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

5216 West Chase Ct

Suite, Apt. #, Etc.

Apt 3

City

JAX

State

FL

Zip

32210

**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

Howard Robinson

REGISTERED AGENT MUST SIGN

Date

3-25-02

**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, UP, S, T, D	Howard Robinson	5216 Westchase Ct #3	JAX FL 32210

Handwritten signature/initials: JH 4/9

**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:**

Howard Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02

Date

904-307-9962

Daytime Phone #

CR2E081 (9/01)