

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000040967

1. Corporation Name

MCGRAW ENTERPRISES, INC.

Principal Place of Business

8014 SE 121ST PL.
BELLEVUE FL 34420

Mailing Address

8014 SE 121ST PL.
BELLEVUE FL 34420

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10470 SE Sunset Harbor Rd

Suite, Apt. #, etc.

Summerfield FLA

City & State

Summerfield FLA

Zip

34491

Country

Marion

3. New Mailing Office Address, If Applicable

10470 SE Sunset Harbor Rd

Suite, Apt. #, etc.

Summerfield FLA

City & State

Summerfield FLA

Zip

34491

Country

Marion

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/2000

5. FEI Number

59-3651052

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MCGRAW, JOHN	8014 SE 121ST PL	BELLEVUE FL 34420
PD	McGraw, John	10470 SE Sunset Harbor Rd	Summerfield FL 34491

8. Name and Address of Current Registered Agent

MCGRAW, JOHN
8014 SE 121ST PL.
BELLEVUE FL 34420

9. Name and Address of New Registered Agent

Name

McGraw John

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

10470 SE Sunset Harbor Rd

Suite, Apt. #, Etc.

City

Summerfield FL

State

FL

Zip Code

34491

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

John McGraw

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-25-02

11. 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:

John McGraw

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-02

Date

Daytime Phone #

352-427-2067 (cell)
352-427-0250 (cell)
352-288-1015 (H)

To Whom it may Concern:

Dear Sir's,

I Did not Recieve 2 Notices as we
have moved Twice this year.

Thank You

John W. S. / 11/10