PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

01UBE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 AM 11:05

000004698260--9
-11/29/01--01047--012
****150.00 ****150.00

DOCUMENT # P00000061290

1. Corporation Name
Graf X ONE

2. Principal Office Address	3. Mailing Office Address
2320 SE 114 CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Silver Springs	
City & State	City & State
FL	
Zip: 34488 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 07-07-00

5. FEI Number: 65-1019487 ☐ 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: SEAN CHROTOWSKI
Street Address (P.O. Box Number is Not Acceptable): 800 SW 30th St
Suite, Apt. #, Etc.: #2
City: Ft Lauderdale State: FL Zip Code: 33315

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 _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
D	Sean Chrostowski	2320 SE 114 CT	Silver Springs FL 34488
			AD

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: Sean Chrostowski 10/24/01 (954) 232-0191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To whom it may Concern,

I Sean Chrostowski Have not Received papers to do my corporate filing so I am sending you these documents to stay in Good standing.

Respectfully

Sean Chrostowski

10-24-01