

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000092578

1. Corporation Name

DEGRAFF ENTERPRISES, INC.

Principal Place of Business

7800 SW 57TH AVE STE 330F
SOUTH MIAMI FL 33143

Mailing Address

7800 SW 57TH AVE STE 330F
SOUTH MIAMI FL 33143

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/2000

5. FEI Number

65-1044009

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
D	Frederick D. Laub	6250 Shirley St., Unit502	Naples, FL 34109
D-P	Alice L. McKnight	6250 Shirley St., Unit502	Naples, FL 34109
D-VP	Jean T. Kirksey	6250 Shirley St., Unit502	Naples, FL 34109
			700004742307--7 -12/28/01--01016--014 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

JONES, JESSE C
DAVIS & JONES, P.A.
1500 SAN REMO AVENUE SUITE 225
CORAL GABLES FL 33146-3047

9. Name and Address of New Registered Agent

Name
Jones, Jesse C.
Street Address (P.O. Box Number is Not Acceptable)
2801 Ponce de Leon Boulevard
Suite, Apt. #, Etc.
Suite 1140
City
Coral Gables
State
FL
Zip Code
33134-6900

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.

Signature of
Registered Agent

Jesse C. Jones

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/13/01

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)(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:

Frederick D. Laub
FREDERICK D. LAUB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/13/01

Daytime Phone #

205-668-9522

CR2E040 (801)