

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 17 PM 2:54

DOCUMENT # P0000092578

1. Corporation Name
DEGRAFF ENTERPRISES, INC.

Principal Place of Business Mailing Address
 7800 SW 57TH AVE STE 330F 7800 SW 57TH AVE STE 330F
 SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143



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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/02/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-1044009	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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			
12/12/01			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JONES, JESSE C DAVIS & JONES, P.A. 1500 SAN REMO AVENUE SUITE 225 CORAL GABLES FL 33146-3047		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

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** Date: 12/13/01
 REGISTERED AGENT MUST SIGN

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* **TYPED NAME:** Frederick D. Laub Date: 12/12/01 Daytime Phone #: 305-668-9522
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)