## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000065080

**Entity Name:** GRAY GHOST HOLDINGS, INC.

**FILED** Dec 06, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5901 FOURTH STREET NORTH ST PETERSBURG, FL 33703

**Current Mailing Address: New Mailing Address:** 

5901 FOURTH STREET NORTH ST PETERSBURG, FL 33703

FEI Number: 59-3735205 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOWLER WHITE GILLEN BOGGS EILLAREAL ETAL. C/O SCOTT P. ANDREW, ESQ. 501 E KENNEDY BLVD SUITE 1700 TAMPA, FL 33602 US

GORDON, BRUCE HESQ 101 EAST KENNEDY BOULEVARD SUITE 2800 TAMPA, FL 33602 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRUCE H. GORDON 12/06/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Title: () Delete Title: CURCI, TIMOTHY V CURCI, TIMOTHY V Name: Name: 2946 HADLEIGH 5901 FOURTH STREET NORTH Address: Address: City-St-Zip: CLEARWATER, FL 34621 City-St-Zip: ST. PETERSBURG, FL 33703

Title: (X) Delete Title: () Change () Addition

Name: PARKER, CHRISTOPHER L Name: 184-97TH AVENUE NE Address: Address: ST PETERSBURG, FL 33702 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY V. CURCI 12/06/2004 D