## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE  Jim Smith  Secretary of State  DIVISION OF CORPORATIONS		FILED 03 0CT 29 PH 2: 10					
<b>DOCUMENT</b> # P01000065915  1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
GRAHA	M FIN	ANCIAL & IN	VESTMEN'	T GROUP, IN	NC.	,	<b>н</b> ы.			
						REINSTATEMENT 3				
2. Principal Office Address 3. N				. Mailing Office Address		LICE HIEUT	) ( a ( a a a a a a a a a a a a a a a a		TOWA .	
757 N	W 27T	H AVENUE		757 NW 27TH AVENUE			5-03010	25	21/15	
Suite, Apt. #, etc. Suite, /				ot. #, etc.				23 C	2/ /3(E)	
SUITE 204 SUIT				Ξ 204		4. Date Incorporated or Qualified To Do Business in Florida 07/03/2001				
City & State			_City & State		1	5. FEI Numbe		103/20	Applied For	
MIAMI	, FLO	RIDA	MIAMI,	FLORIDA		65-1120		-	Not Applicable	
Zip		Country	Zip	Country		6.	<u></u>	2 \$8.75 Add	itional Fee required	
33125	1	USA	33125	USA.	•	CERTIFICATE	OF STATUS DESIRED		ficate of Status	
			7. Na	me and Address of Cu	rrent Registe	ered Agent			<u> </u>	
Name STEPHEN GRAHAM Street Address (P.O. Box Number is Not Acceptable) 757 NW 27TH AVENUE Suite, Apt. #, Etc. SUITE 204 City MIAMI  State Zip Code FL 33125										
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  REGISTERED AGENT MUST SIGN  Date									. o. CRZE081 (9/01)	
9. Names and Street addresses of Each Officer and/or Director (Florida nonprofit corporations mus										
Titles Name of Officers and/or Directors			s	Street Address of E Officer and/or Direct						
-P	STEPHEN GRAHAM			757 NW 27TH AVE, S		DITE 204 MIAMI, FLORIDA 33125		33125		
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10. I certify that I am an officer or director of the receiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement and 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 out 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:  STEPHEN GRAHAM  OUT 1100 (954) 829-2188										
AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										

STF FL32524F.1

## GRAHAM FINANCIAL & INVESTMENT GROUP, INC. 757 NORTHWEST 27<sup>TH</sup> AVENUE, SUITE 204 MIAMI, FL 33125

October 27, 2003

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

TAXPAYER: GRAHAM FINANCIAL & INVESTMENT GROUP, INC.

DOC. NO.: P

P01000065915

FORM:

**APPLICATION FOR REINSTATEMENT** 

**PERIOD:** 

2003

## Gentlemen / Mesdames:

I am writing to you regarding the penalties imposed as a result of the late filling of the 2003 Uniform Business Report. Foremost, please note that it was not my willful neglect or intent to not timely pay and file the Corporate Annual Report but simply a result of the facts stated below.

During the middle of 2002 I moved business locations. As a result of the address change, I had all of my mail forwarded by the Post Office to the new address. During this change it seems that the original copy of the Report was never forwarded to the new address. It was not until this past week when I was contacted by my bank that I realized that the annual report was never filed. Therefore, please up-date your records accordingly to reflect the correct address as "757 Northwest 27th Avenue, Suite 204, Miami, FL 33125".

In light of the above facts, I respectfully request the abatement of the \$600.00 in penalties being assessed.

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Please do not hesitate to contact me should you have any questions.

Sincerely.

Stephen Graham, President

**Enclosures**