

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 16 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000086006**

1. Corporation Name

GRAHAM SERVICES INC.

Principal Place of Business

Mailing Address

P O BOX 278197
MIRAMAR FL 33027

P O BOX 278197
MIRAMAR FL 33027

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

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/2001

5. FEI Number

65-0482060

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GRAHAM, ALVA	2322 SW 135 AVE	MIRAMAR FL 33027
D	GRAHAM, ALVA L SR	2121 NW 86 ST	MIAMI FL 33147
S/T	GRAHAM, ANGELA	2322 S.W. 135 AVE	MIRAMAR, FL 33027
V	STEPHENS, JOHN	18473 N.W. 20 th	300024172093 10/27/03--01099--004 **600.00 PEMBROKE PINES, FL 33029
			300024172093 03/16/04--01009--020 **150.00
			300024172093 03/16/04--01009--021 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRAHAM, ALVA
2322 SW 135 AVE
MIRAMAR FL 33027

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct 12, 2007

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:

SIGNATURE REQUIRED
A. Bralton
Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 12, 2007 954-442-9358

CR2E040 (7/03)