


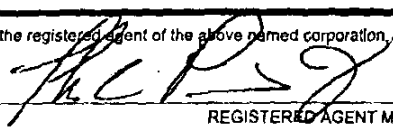
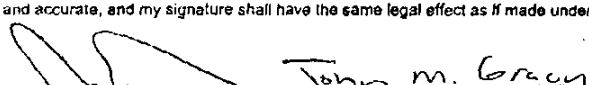
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Tom Pleiman

448-9354

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000016362			
1. Corporation Name Gracy & Company, Inc.			
2. Principal Office Address PO Box 3381		3. Mailing Office Address PO Box 3381	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL	
Zip 32004	Country USA	Zip 32004	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 02-08-2002		5. FEI Number 75-2991108	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
\$6.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Thomas C. Pleiman, Jr.			
Street Address (P.O. Box Number is Not Acceptable) 9471 Baymeadows Rd.			
Suite, Apt. #, Etc. Ste.308			
City Jacksonville		State FL	Zip Code 32256
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 		Date 12/02/03	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Gracy, John M	Post Office Box 3381	Ponte Vedra Beach, FL 32004
10. 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)(f), 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: 		Date 12/2/03	Daytime Phone # (904) 219-8490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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CR2001 (10/02)