PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000022218

1. Corporation Name

GARY L. GRAVLEY INC.

Principal Place of Business

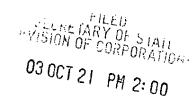
Mailing Address

P.O.BOX 81

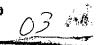
FROSTPROFF FL 33843

P.O.BOX 81

FROSTPROFF FL 33843



REINSTATEMENT





000023961900

		incorrect in any way, line th	rough incorrect i	nformation a	ınd enter	correction below.	7/ 111/21	/0301 <u>027</u> 009 *	<u>*758.75 </u>
		Address, If Applicable	New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 02/25/2002		
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.						
City & State			City & State			■ · · · · · · · · · · · · · · · · · · ·		00002827	Applied For Not Applicable
Zip	<u>, ,,,, , , , , , , , , , , , , , , , ,</u>	Country	Zip		Count	гу	6. — CERTIFICAT		Additional Fee required a Certificate of Status
7. Names	and Street Ad	dresses of Each Officer and	l/or Director (Flo	orida nonprof	fit corpora	ations must list at lea	ast 3 directors)		
Title(s)	2	Name of Officers and/or Directors		3		reet Address of Each flicer and/or Director		City / State	a / Zip
D	GRAVLEY,	GARY L	P.O.BOX 81			- 177		FROSTPROFF FL 33843 Frostproof, FI	33843
D	GRAVLEY,	DEBRA E		P.O.BOX	81			FROSTPROEF FL 33843 Frostproof, FI	33843
				-					
Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
·						Name			
GRAVLEY, GARY L 212 MOCKING BIRD CT						Street Address (P.O. Box Number is Not Acceptable)			
FROSTPROFF FL 33843						Suite, Apt. #, Etc.			
						City		State FL	Zip Code
10. I, being	g appointed the	e registered agent of the ab	ove named corp	oration, am f	familiar w	rith and accept the o	bligations of Sec	tion 607.0505, F.S. or 617.0505,	F.S.

11.1 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 filling 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 of

REGISTERED AGENT MUST SIGN

10/16/03

(863⁻⁶³⁵-2630)

10/16/03

Daytime Phone #