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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 15 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000134566

1. Corporation Name

Gladney Graham, Inc

2. Principal Office Address

11 NE 49th St

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34472

Country

US

3. Mailing Office Address

PO Box 282

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34478

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

26 Dec 2002

5. FEI Number

37-1453978

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Timothy P Deegan, CPA

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

9200 NW 36th Pl

Suite, Apt. #, Etc.

Suite A

City

Gainesville

State

FL

Zip Code

32606-6688

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

Timothy P. Deegan CPA
REGISTERED AGENT MUST SIGN

Date

1/8/04

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 |
|--------|--------------------------------------|---------------------------------------------------|------------------------|
| P/T | John H Gladney, III | 265 NE 45th Pl | Ocala, FL 34479 |
| V/S/D | Alonzo A Graham, Jr | 2069 W 18th St | Jacksonville, FL 32209 |
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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)(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:

John H Gladney, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H Gladney, III

31 Dec 03

Date

(352)351-8677

Daytime Phone #

CR2508110/02

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G3B, Inc

Date: 1/3/2004

To: Florida Department of State, Division of Corporations, Reinstatement Department

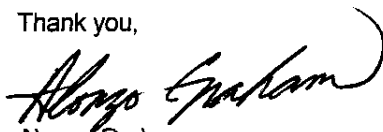
From: Alonzo Graham

RE: Request for Reinstatement Waiver

I am formally requesting that the reinstatement fee for Gladney Graham, Inc be waived. The Corporation suffered an administrative dissolution due to failure to file the annual report for 2003. This was due to oversight in both the deadline to file as well as missed notification caused by the incorrect address on the Articles of Incorporation. I have notified the New Filing Department of the correct address and included a copy of such. I have also enclosed a check in the amount of three hundred dollars to cover the filing fees for 2003 and 2004.

Acceptance of this request would be greatly appreciated.

Thank you,


Alonzo Graham