


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

2007 OCT 10 AM 7:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

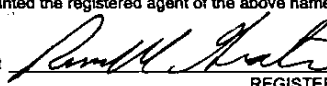
REINSTATEMENT 04-07

<b>DOCUMENT #</b> PD3000134016			
<b>1. Corporation Name</b> Russell Grater, Inc.			
<b>2. Principal Office Address - No P.O. Box #</b> 13 Enda Lane		<b>3. Mailing Office Address</b> 13 Enda Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Mary Esther FL		<b>City &amp; State</b> Mary Esther FL	
<b>Zip</b> 32569	<b>Country</b> US	<b>Zip</b> 32569	<b>Country</b> US

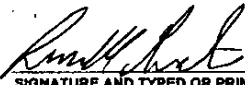
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 9/28/07 01023 015 600.00	
<b>5. FEI Number</b> 20-0398877	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.	

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> Russell Grater		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 13 Enda Lane		
Suite, Apt. #, Etc.		
<b>City</b> Mary Esther	<b>State</b> FL	<b>Zip Code</b> 32569

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

<b>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.</b>	
<b>Signature of Registered Agent</b> 	<b>Date</b> 10/5/07
<b>REGISTERED AGENT MUST SIGN</b>	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
Pres	Russell Grater	13 Enda Lane	Mary Esther FL 32569

<b>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 contained in Chapter 119, 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.</b>			
<b>SIGNATURE:</b> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> Russell Grater	<b>Date</b> 10/5/07	<b>Daytime Phone #</b> 850-200-5006

10/12  
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