


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 OCT -8 AM 11:

SECRETARY OF ST
TALLAHASSEE.FLO

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P06000112789*

1. Corporation Name

T. Graham Refrigeration & Appliance Inc.

2. Principal Office Address - No P.O. Box #
1389 Harrington Park Drive

3. Mailing Office Address
1389 Harrington Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32235

Country

USA

Zip

32235

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/01/2006

5. FEI Number
01-0763350

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

Russ Deeter

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

1716 Tiffany Pines Circle East

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225

☒ 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.

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

REGISTERED AGENT MUST SIGN

Date

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
PT	Graham, Todd L	1389 Harrington Park Drive	Jacksonville, Florida 32235
VS	Graham, Theresa M	1389 Harrington Park Drive	Jacksonville, Florida 32235

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10/05/08--01046--008 **300.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/1/08