

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000069996

1. Corporation Name

JOE GRAY'S FLOORING SALES & INSTALLATION, INC

2. Principal Office Address - No P.O. Box #

5495 Monterey Circle

Suite, Apt. #, etc.

#6

City & State

Delray, Florida

Zip

33484

Country

3. Mailing Office Address

5495 Monterey Circle

Suite, Apt. #, etc.

#6

City & State

Delray, Florida

Zip

33484

Country

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

1840 SW 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of

Spiegel & Utrera, P.A.

Registered Agent By:

Natalia Utrera, Vice-President REGISTERED AGENT MUST SIGN

Date

12/14/09

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
DP	Gray, Joseph L.	5495 Monterey Circle, #6	Delray, Florida 33484

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 807 or 817, 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 807.0401 or 817.0401, 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

Joseph L. Gray, President

Date

11/17/09 (561) 767-6092

Daytime Phone #

FILED

09 DEC 16 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

06/14/2007

5. FEI Number

260376155

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.

REINSTATEMENT
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RLT

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12/16/09 01019 015 **300.00