

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

807000122175

1. Corporation Name

Grayco Interior Unlimited Inc

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

10833 Natalie Dr E.

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

10833 Natalie Dr E

Suite, Apt. #, etc.

N/A

City & State

Jacksonville, FLA

City & State

Jacksonville, FLA

Zip

32218

Country

Duval

Zip

32218

Country

Duval

200163194912
11/30/09--01075--001 **300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

11/8/07

5. FEI Number

☒ 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

LARRY GRANT

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

10833 Natalie Dr E

Suite, Apt. #, Etc.

N/A

City

Jacksonville

State

FL

Zip Code

32218

☒ 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.

\$300 per Customer
Service

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

Larry Grant
REGISTERED AGENT MUST SIGN

Date 11/23/09

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
P/ Owner	LARRY GRANT	10833 Natalie Dr E.	Jax, FLA, 32218

10. E-mail Address: MJD GRANT@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

LARRY GRANT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/09 766-0857
Date Daytime Phone #