

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

01 JAN -8 PM 3:54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000039781

1. Corporation Name

GRAY INK, INCORPORATED

Principal Place of Business

Mailing Address

11000 NW 18 DRIVE PLANTATION FL 33322

11000 NW 18 DRIVE PLANTATION FL 33322



REINSTATEMENT



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/28/1993

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0417995

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: D, BONELLI, WILLIAM R, 11000 NW 18 DRIVE, PLANTATION FL 33322.

700003536817--7 -01/16/01--01022--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BONELLI, WILLIAM R 11000 NW 18 DRIVE PLANTATION FL 33322

9. Name and Address of New Registered Agent

Form for New Registered Agent with fields: Name, Street Address (P.O. Box Number is Not Acceptable), Suite, Apt. #, Etc., City, State (FL), Zip Code.

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Handwritten signature of William R. Bonelli

Date

1/7/00

REGISTERED AGENT MUST SIGN

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 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:

Handwritten signature of William R. Bonelli and typed name: WILLIAM R. BONELLI

Date: 1/7/00

Daytime Phone #: 954-474-7074

CR2E040 (8/00)