

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065912

1. Corporation Name

BOB GRAHAM & ASSOCIATES, INC

2. Principal Office Address

7320 14th St NE

Suite, Apt. #, etc.

3. Mailing Office Address

7320 14th St NE

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33702

Country

US

Zip

33702

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9-17-93

5. FEI Number

59-3200273

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

BOB GRAHAM

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

7320 14th St NE

Suite, Apt. #, Etc.

City

ST PETERSBURG

State
FL

Zip Code

33702

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

Bob Graham

REGISTERED AGENT MUST SIGN

Date 11-5-02

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	BOB GRAHAM	7320 14th St NE	ST PETERSBURG FL 33702
S	SUSAN GRAHAM	7320 14th St NE	ST PETERSBURG FL 33702

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 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:

Bob Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-02

Date

7279211285

Daytime Phone #

CR2E081 (9/01)

BOB GRAHAM & ASSOCIATES, INC.

7320 -14th Street N.E.
St. Petersburg, FL 33702

(813) 282-4623 • FAX (727) 217-0526
(727) 577-5356
email: bga@gte.net

November 6, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Reinstatement Section

To Whom It May Concern:

I am requesting a Waiver of Reinstatement Fee for Bob Graham & Associates, Inc.

We have received no previous notices to reinstate this year, probably due to our company relocation a year ago.

Please note our new address included on the enclosed application.

Sincerely,

Bob Graham & Associates, Inc.



Robert C. Graham