		BEFORE COMPLET	ING THIS FORM.
FOR REINSTATEMENT	FLORIDA DEPARTMEI Sandra B. Mor Secretary 44	tham Rate	EULO.
	DIVISION OF CORPO		85 38 111 -1 FM 8: 23
DOCUMENT # M 400000 2238		48-12852	SECRECIA DE STATE TALLANTESE, ELORIDA
Jeff Gray & Associates, Inc.			THE CALL OF THE WAY
Principal Place of Business	Mailing Address		
2141 Loch Rane BI		29	
Orange Park, FL 3	2073		9598
If above addresses are incorrect in any way, line thro  2. New Principal Office Address, If Applicable	ugh incorrect information and enter		orated or Qualified
Suite, Apt. #, loic.	Suite, Apl. #, etc.	To Do Busi	ness in Florida
City & State	Cny & State	5. FEI Numbe	3215720 Applied For Not Applicable
Zip Country	Zip Countri	6. CERTIFICAT	E DF STATUS DESIRED S6.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o Name of Officers	Stro	eet Address of Each	
Title(s) and/or Directors	3 (Do NOT Us	icer and/or Director se Post Office Box Numbers) Cland Drive	City / State / Zip
Pres. Jeffrey Gray	(	c Springs, FL 32043	Green Cove Springs, Florida 32043
	}	, 3,	
		~~ # TERSENT	95-98 30 7-948
R		STATEMENT	48
			3-1-4
		71	000025891170 -0771479801097023
			***1200.00 ***1200.00
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Name Name Name			
Jeff Gray a Associates, Inc. Street Audres 190. Boll Not Accept Drive			S Not Accepted Drive
Orange Park, Florida 32073			
Tycen Cove Spring FL 32043  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 O In a Signature of Signature o			
O CARECO	SISTERED AGENT MUST SIGN	· · · · · · · · · · · · · · · · · · ·	Date 5/30/9.8
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No No (See other side for information on intangible tax.)			
12. 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 it made under oath.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR SPORT Date OF Dayling Phone &			