

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Matthew E. Harris
Secretary of State
DIVISION OF CORPORATIONS

10F2

FILED

00 OCT 23 AM 11:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000002171

1. Corporation Name

GRAYCO ADJUSTMENT BUREAU INC.

Principal Place of Business

Mailing Address

8362 PINES BOULEVARD
PEMBROKE PINES FL 33024

8362 PINES BOULEVARD
PEMBROKE PINES FL 33024



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

01/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0552300

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GRAY, ROBERT B	8362 PINES BOULEVARD	PEMBROKE PINES FL 33024
ST	GRAY, MARY T	8362 PINES BOULEVARD	PEMBROKE PINES FL 33024

000003456040--9
-11/07/00--01116--029
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRAY, ROBERT B
8362 PINES BOULEVARD
PEMBROKE PINES FL 33024

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

Robert B Gray
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-18-00

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:

Robert B Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-00 954 983-8335
KE

CR2E040 (8/00)



Grayco Adjustment Bureau, Inc.

20F2

Phones:

954-983-8335

Fax: 954-983-4946

DEPARTMENT OF CORPORATIONS
ANNUAL REPT/REINSTATEMENT SECTION

Outside 954 Area
1-888-345-7376

DIVISION OF CORPORATION

ON APRIL 14, 2000 WE MAILED OUT A CHECK FOR OUR DUES FOR ANNUAL REPORT.
APPARENTLY IT WAS LOST IN THE MAIL. PLEASE ACCEPT THIS AS A REPLACEMENT FOR
IT.

SINCERELY,

GRAYCO ADJUSTMENT BUREAU, INC.
8362 PINES BLVD. #185
PEMBROKE PINES, FL 33024