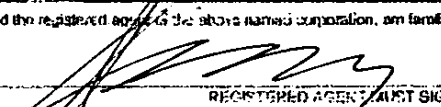
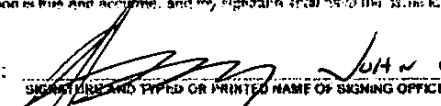


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # PS5000009521 1. Corporation Name JOHN GRAY INC																											
2. Principal Office Address - No P.O. Box 720 S.W. DEL RIO BLVD Suite, Apt. #, etc. City & State PT. ST. LUCIE FL Zip 34953		3. Mailing Office Address 720 S.W. DEL RIO BLVD Suite, Apt. #, etc. City & State PT. ST. LUCIE FL Zip 34953																									
4. Does corporation qualify to do business in Florida? ☒ Yes ☐ No 5. FEI Number 65-0563734 6. CERTIFICATE OF STATUS DEEMED ☐ ☒ Not Applicable																											
7. Name and Address of Current Registered Agent Name JOHN E. GRAY Street Address (P.O. Box Number is Not Acceptable) 720 S.W. DEL RIO BLVD Suite, Apt. #, Etc. City PT. ST. LUCIE																											
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  Date 9/17/08 REGISTERED AGENT MUST SIGN																											
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list all officers and directors) <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Officer and/or Director</th> <th>Street Address of Each Officer and/or Director</th> <th>City, State & Zip</th> </tr> </thead> <tbody> <tr> <td>PRES</td> <td>JOHN E. GRAY</td> <td>720 S.W. DEL RIO BLVD</td> <td>PT. ST. LUCIE FL 34953</td> </tr> <tr> <td>V.P.</td> <td>BARBARA J. GRAY</td> <td>720 S.W. DEL RIO BLVD</td> <td>PT. ST. LUCIE FL 34953</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City, State & Zip	PRES	JOHN E. GRAY	720 S.W. DEL RIO BLVD	PT. ST. LUCIE FL 34953	V.P.	BARBARA J. GRAY	720 S.W. DEL RIO BLVD	PT. ST. LUCIE FL 34953												
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10. I certify that I am an officer or director of the corporation having completed to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reasons for dissolution have been abandoned, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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:  JOHN E. GRAY Date 9/17/08 Filing Office Phone # 877-0159																											

FILED

2008 SEP 23 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRZE081 (12/07)

1/1/95

☒ 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.

\$300.00

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