

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011882

1. Corporation Name

T. GRAHAM CONSTRUCTION CONSULTING MANAGEMENT GUI
LD, INC.

Principal Place of Business

Mailing Address

2062 1/2 17TH STREET
SARASOTA FL 34234
US

2062 1/2 17TH STREET
SARASOTA FL 34234
US

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

1223 26TH ST. N.W.

1223 26TH ST. N.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

BRADENTON FL

Zip

34209

Country

Zip

34209

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1995

5. FEI Number

65-0603075

Applied For

Not Applicable

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---------------|--------------------------------------|---|---|
| 1 | 2 | 3 | 4 |
| P | B. THOMAS GRAHAM | 2062 1/2 17TH ST | SARASOTA FL 34239 |
| VP | GRAHAM, SANDRA | 2062 1/2 17TH ST | SARASOTA FL 34234 |
| | | | 200025900972 12/31/03--01060--004 **758.75 |
| | | | 200025900972 01/30/04--01061--010 **150.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

B. THOMAS GRAHAM
2062 1/2 17TH ST
SARASOTA FL 34234

1223 26TH ST. N.W.
BRADENTON FL
34209

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-26-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. THOMAS GRAHAM 12-26-03 724-1410

Date

Daytime Phone #

CR2E040 (7/03)