

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 20 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000038320**

1. Corporation Name

GRAHAM SYSTEMS, INC.

Principal Place of Business

4590 SYCAMORE DRIVE
NAPLES FL 34109

Mailing Address

4590 SYCAMORE DRIVE
NAPLES FL 34109

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1996

5. FEI Number

65-0662424

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GINSBERG, GRAHAM P	4950 SYCAMORE DRIVE	NAPLES FL 34109

200023922622
10/20/03--01006--003 **150.00

10/20

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GINSBERG, GRAHAM P
4950 SYCAMORE DRIVE
NAPLES FL 34109

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

Graham GINSBERG

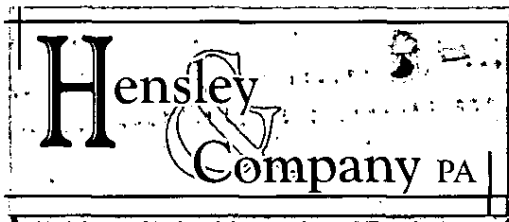
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11 Oct 03 239-455-6595

CR2EC40 (7/03)



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American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Certified Public Accountants

- Business & Personal Tax & Accounting
- Mortgages- Residential, SBA, Commercial

Monday, October 13, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

**RE: GRAHAM SYSTEMS, INC.
Reproductions of Lee County, Inc.
Document #: P96000038320**

Dear Sirs:

Please find my client's Uniform Business Report and enclosed check for \$150.00.
Please waive penalty and reinstate corporation as client has not received prior notices.

Thank you;

Respectfully,

Neely Hensley
Hensley & Company, PA

DOCUMENT #: P96000038320
REPRODUCTIONS OF THE COMPANY INC.
RE: GRAHAM SYSTEMS, INC.

10911 Bonita Beach Road, Pine Haven # 2081, Bonita Springs, FL 34135
Tel. 239. 992.6060 Fax 239. 992.9506 karey@hensley-co.net