

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 22 PM 4:00

DOCUMENT # **P97000066275**

1. Corporation Name

Gravity Holdings, Inc.

2. Principal Office Address

2500 North Federal Hwy.

Suite, Apt. #, etc.

Suite 303

City & State

Ft. Lauderdale, FL

Zip

33305

Country

USA

3. Mailing Office Address

c/o Schneider, 7860 Peters Rd.

Suite, Apt. #, etc.

F-110

City & State

Plantation, FL

Zip

33324

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/97

5. FEI Number

65-0771698

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paul Schneider, CPA

Street Address (P.O. Box Number is Not Acceptable)

7860 Peters Road

Suite, Apt. #, Etc.

F-110

City

Plantation

State

FL

Zip Code

33324

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

[Signature]

Date

1/8/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Gagnon, Steve F	2101 SW 18th Avenue	Ft. Lauderdale, FL 33315
D	Dumas, Robert A	9461 Baritone Court	Boca Raton, FL 33469

10. 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] DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/02

Daytime Phone #

(954) 739-6077

CR2E081 (9/00)