## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILFD

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SECFICIARY OF STATE TALLAHASSEE, FLORIDA

**DOCUMENT#** P99000082017

1. Corporation Name

KEVIN GRAY DESIGNS, INC.

Principal	Place	Οī	Busines	٠

Mailing Address

1000 WEST AVENUE SHIPPERS PH 2 MIAMI BEACH FL 33139

MIAMI BEACH FL 33139

1000 WEST AVENUE SUITE-925 PH2 MIAMI BEACH FL 33139

If above addresses are incorrect in any way, line through incorrect information and enter correction below.			9 66346 0 2 2 2 2 2	6.5620		
New Principal Office Address, If Applicable     3. New Mailing Office Suite, Apt. #, etc.     Suite, Apt. #, etc.		New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida	09/16/1999	
		С.	5. FEI Number 650950038			
City & State  Zip Country		Zip Country		6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additiona	
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Zip		Country	Zip	Country	CERTIFICATE	FOR STATUS DESIRED  for a Certificate of Status
7. Names a	and Street Add	dresses of Each Officer and/o	or Director (Florida nonpro	ofit corporations must list at lea	st 3 directors)	
Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director		City / State / Zip
Presider	r Joy	1 Bradfor	d 215	Canyon Clee	ex lane	Kennille Tx 18028
		·				*
				. , , , , , , , , , , , , , , , , , , ,		
					10	100035056314 -12/20/0001017025 ****750.00 ****750.00
<u> </u>	8 Nam	a and Address of Current I	Renietered Anent		9. Name and A	Address of New Registered Agent

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
	Name		
GRAY, JAMES KEVIN	Street Address (P.O. Box Number is Not Acceptable)		
1000 WEST AVENUE			
SUITE-925 PH2	Suite, Apt. #, Etc.		

am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered a

Signature of Registered Agent REGISTERED AGENT M

State Zip Code

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.

Applied For Not Applicable itional Fee require