CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

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MANERADY OF STATE

				<del></del>			- 59	PHE INT	E, FEORIDA	4.
DOCUMENT # \$20055  1. Corporation Name  GRAYSO CORPORATION						I	[Att	<u>िर्मात्र</u> म्	To I work.	
·	al Office Addi ARINA			3. Mailing Office Ac		BLVD.	ORIGINAL PARTIES	ATEL	-	7/7
Suite, Apt. #				Suite, Apt. #, etc.			4. Date Incorporated of		ENP	10
City & State		FLORIDA	<b>A</b>	City & State SARASOTA	FLORIDA		To Do Business in F  5. FEI Number	Florida	12/20/90	<b>D</b> pplied For
<sup>Z</sup> 34236		Country		<b>3</b> 94236	Country	USA	65-02361 6. CERTIFICATE OF STATE		No	lot Applicable
				7. Name a	and Address of Cu	urrent Register	<u> </u>		for a Certificat	te of Status
	STRI	CKLAND	, JOHN N							1
	Street Ad	ddress (P.O. Bo	ox Number is Not	ot Acceptable)						1
į	Suite, Apt	ot. #, Etc.		700						1
	City	SOTA	Δ_				State	Zip Code 34236	<u> </u>	
8. I, being a Signature of Registered A	of	ie registered ac	W) Juch	re named corporation, a		nd accept the ob	obligations of section 607.08	3/1	03, F.S. L5/00	
9. Names	and Street /	Addresses of E	Each Officer and/	or Director (Florida nor	inprofit corporation	ns must list at le	east 3 directors)			
Titles	Name of Offigers and/or Directors					Address of Each and/or Director		City	y / State / Zip	
D,P,S,	' <b>T</b> G	RAHAM,	JACK W.	# 2	2 MARINA	PLAZA		RASOTA	FLORIDA	
							1000	30319 -04/05/00 *****300	96981 0010741 <del>.00 ****</del> 9	——8 -009 <del>100:00</del>

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 JACK W. GRAHAM, President