

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

**\* APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State

DIVISION OF CORPORATIONS

98 DEC -7 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V39315**

1. Corporation Name

**GRAY MOBIL, INC.**

Principal Place of Business

340 SOUTH COUNTY ROAD  
PALM BEACH FL 33480

Mailing Address

340 SOUTH COUNTY ROAD  
PALM BEACH FL 33480



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/28/1992

5. FEI Number

65-0337468

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	GRAY, RICHARD L	340 S COUNTY ROAD	PALM BEACH FL 33480
VSD	<del>GRAY, JOHN RICHARD</del> LORI Beth LAPIDUS	<del>340 S COUNTY ROAD</del> 223 PINELEAF AVE	PALM BEACH FL 33480

500002707935--4

-12/08/98-01105-009

\*\*\*\*750.00 \*\*\*\*750.00

12/19

8. Name and Address of Current Registered Agent

~~MENDELSON, ERIC E  
631 US HWY. ONE, STE 308  
NO PALM BEACH FL 33408~~

9. Name and Address of New Registered Agent

Name **Brian Cooke**  
Street Address (P.O. Box Number is Not Acceptable)  
**515 N. FLAGLER DRIVE**  
Suite, Apt. #, Etc.  
**Suite 600**  
City  
**WPB**  
State  
**FL**  
Zip Code  
**33480**

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.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **12/4/98**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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)(f), 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:

**Lori Beth Lapidus**  
Lori Beth Lapidus V.P.

**12/4/98** **561**  
**655-6645**

Date

Daytime Phone #

CR2EM40 (9/93)