

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J 47651

1. Corporation Name

GRESHAM INC
RULAND FARM
P.O. Box 26
ALDIE, VA. 20105

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

RULAND FARM

P.O. Box 26

ALDIE, VA

20105

FILED

04 MAY - 28 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700037797517

06/09/04--01029--014 **1500.00

REINSTATEMENT

98-04

4. Date Incorporated or Qualified To Do Business in Florida

12/18/1985

5. FEI Number

58-1725198

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

TR

7. Name and Address of Current Registered Agent

Name

CORPORATION Service Company

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

700037797517

06/09/04--01029--015 **150.00

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

Jeanine Reynolds

Jeanine Reynolds
as its agent

REGISTERED AGENT MUST SIGN

Date

5-28-04

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
S/D	CUNNINGHAM, MARIAN	23462 STOKELANE FARM	ALDIE, VA 20105
P	CUNNINGHAM JAMES	P.O. Box 26	ALDIE, VA 20105
✓	CUNNINGHAM, FREDERICK	P.O. Box 26	ALDIE, VA 20105

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:

Marian Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

27 May 2004

Daytime Phone #

(540) 687-5996

MARIAN CUNNINGHAM