

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L14244**

1. Corporation Name

**GRIFFIN PRODUCTIONS, INC.**

Principal Place of Business

% ROBERT GRIFFIN  
P.O. BOX 200214  
TAMPA FL 33602  
US

Mailing Address

% ROBERT GRIFFIN  
P.O. BOX 200214  
TAMPA FL 33602  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

P.O. Box 1314  
City, State  
Indian Rocks Beach FL  
Zip 33785 Country US

Suite, Apt. #, etc.

P.O. Box 1314  
City, State  
Indian Rocks Beach FL  
Zip 33785 Country US

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

09/06/1989

5. FEI Number

59-2965723

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	GRIFFIN, ROBERT	14538 DIPLOMAT DR 314 WINDRUSH BLVD #13	TAMPA FL INDIAN ROCKS BEACH, FL

600002393046--8  
-01/07/98--01082--024  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

GRIFFIN, ROBERT  
14538 DIPLOMAT DR  
TAMPA FL 33610

9. Name and Address of New Registered Agent

Name: GRIFFIN, Robert  
Street Address (P.O. Box Number is Not Acceptable): 314 WINDRUSH BLVD #13  
Suite, Apt. #, Etc.: #13  
City: INDIAN ROCKS BEACH State: FL Zip Code: 33785

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

*Robert P. Griffin*

REGISTERED AGENT MUST SIGN

Date 12/29/97

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)(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:

*Robert P. Griffin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT GRIFFIN 12/29/97

Date

Daytime Phone #

813  
517-1997

CR2040 (8/97)