

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 30 11:10:11

SECRET
STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000052689

1. Corporation Name

GRIFFIN PLAZA, INC.

Principal Place of Business

180 NW 139TH STREET
MIAMI FL 33168

Mailing Address

180 NW 139TH STREET
MIAMI FL 33168

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

05/31/2000

5. FEI Number

APPLIED FOR

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ROLLE, ANTHONY A	180 NW 139TH STREET	MIAMI FL 33168

8. Name and Address of Current Registered Agent

ROLLE, ANTHONY A
180 NW 139TH STREET
MIAMI FL 33168

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Anthony A. Rolle
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/20/02

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.

SIGNATURE:

Anthony A. Rolle
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/02 (305) 205-7575

CR2E040 (8/02)

November 20, 2002

Jim Smith
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **Griffin Plaza, Inc.**

Dear Mr. Smith,

This is to confirm that I never received either of the two prior uniform business report notices for Griffin Plaza, Inc.. Accordingly, please find enclosed a properly executed Application for Reinstatement and a check in the amount of \$158.75 to cover the filing fee and the cost of a Certificate of Status.

Thank you for your assistance with this matter. If you have further questions or if you require any additional information, please contact me at (305) 205 - 7575.

Sincerely,

Anthony A. Rolle, President