

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 MAY -1 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/08/02--01057--010
***1050.00 ***1050.00

REINSTATEMENT 00-02

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 243251 1. Corporation Name GRIFFIN BROTHERS CO., INC.	
2. Principal Office Address 2650 SW 196 AVENUE Suite, Apt. #, etc.	3. Mailing Office Address 2650 SW 196 AVENUE Suite, Apt. #, etc.
City & State WESTON, FLORIDA	City & State WESTON, FLORIDA
Zip 33332 Country USA	Zip 33332 Country USA
4. Date Incorporated or Qualified To Do Business in Florida 12/28/1960	
5. FEI Number 59-0915851	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent	
Name RICHARD A GRIFFIN, SR.	
Street Address (P.O. Box Number is Not Acceptable) 2650 SW 196 AVENUE	
Suite, Apt. #, Etc.	
City WESTON	State FL
Zip Code 33332	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0403, F.S.

Signature of Registered Agent: *Richard A. Griffin, Sr.* Date: 4/29/02

REGISTERED AGENT MUST SIGN

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
P	RICHARD A GRIFFIN, SR.	2650 SW 196 AVENUE	WESTON, FL 33332

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.

Richard A. Griffin, Sr. President

SIGNATURE: *Richard A. Griffin, Sr.* Date: 4/29/02 (954) 389-0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2081 (9/01)