

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 NOV -9 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 513282
1. Corporation Name
GRIGGS & COMPANY, (INC.)

2. Principal Office Address 6800 Bird Road		3. Mailing Office Address 6800 Bird Road	
Suite, Apt. #, etc. #303		Suite, Apt. #, etc. #303	
City & State Miami Florida		City & State Miami Florida	
Zip 33155	Country USA	Zip 33155	Country USA

REINSTATEMENT 01-00

4. Date Incorporated or Qualified To Do Business in Florida 08/31/1976	
5. FEI Number 59-1691211	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Harry Griggs

Street Address (R.O. Box Number is Not Acceptable)
6320 SW 27th Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33155

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:  Date: **10/30/06**

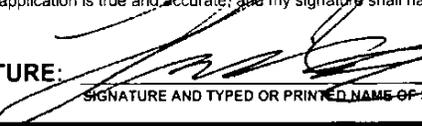
REGISTERED AGENT MUST SIGN

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/C	Harry Griggs	6320 SW 27th St.	Miami/Florida/33155

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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 contained in Chapter 119, 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:  **Harry Griggs** Date: **10/30/06** Daytime Phone #: **(305) 801-3121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR