

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1976

5. FEI Number

59-1691211

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Harry Griggs

Street Address (P.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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry Griggs

10/30/06

Date

(305) 801-3121

Daytime Phone #

FILED

06 NOV -9 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01-00