

#1200

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 19 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 605791

1. Corporation Name

Griffin Gallery of Fine Photography

2. Principal Office Address

2559 Shiloh Way  
Suite, Apt. #, etc.

3. Mailing Office Address

same  
Suite, Apt. #, etc.

City &amp; State

Tallahassee, FL

Zip

32308 USA

Country

City &amp; State

Zip

Country

REINSTATEMENT 00-03

300020250103  
05/29/03--01011--021 \*\*1200.004. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-1896219

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

J. Robert Griffin

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

2559 Shiloh Way

Suite, Apt. #, Etc.

Tallahassee

State  
FL

Zip Code

32308

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

J. Robert Griffin

Date 5/12/03

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, T	Lois Griffin	2559 Shiloh Way	Tallahassee, FL 32308
S	Bob Griffin	2559 Shiloh Way	Tallahassee, FL 32308

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.

SIGNATURE:

Lois Griffin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/30/03 850-893-2888  
Date Daytime Phone #

CR2E081 (10/02)